



20 East Cherry Street, Hicksville, NY 11801
 Phone 516-433-1145 – Fax 516-433-1238 or 1259
www.cyons.org

Spring HS Basketball - Team Registration Form

This form must be filled out for each team being registered & must accompany the Parish Registration Form

Parish Name: _____ Code: _____

Parish Location: _____

Please check applicable boxes below: *Tyro Leagues will include current 8th grade teams.

Boys	Girls		*Tyro (8/9/10)	Senior (11/12)		Scholastic	Non-Scholastic

Coach Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Check as applies to this team only - **RETURNING COACH:**

YES		NO	
-----	--	----	--

Assistant Coach: _____

Cell Phone: _____ Email: _____

Coordinator's Signature: _____ *(must be Coordinator of record for this sport)*

Please provide your gym availability below:

Day/Date	Game Times		Day/Date	Game times		Day/Date	Game Times

FOR OFFICE USE ONLY:

Team Number: _____ League Number: _____ Site Code: _____
 Day: _____ Time: _____