



20 East Cherry St., Hicksville, NY 11801  
 (516) 433-1145 – Fax: 516-433-1238 [www.cyons.org](http://www.cyons.org)

## **SUMMER PROGRAMS TEAM REGISTRATION/GYM AVAILABILITY FORM**

Parish Name: \_\_\_\_\_ Town \_\_\_\_\_ Code: \_\_\_\_\_

Circle Grade Level (as of September 2019):

	Boys Basketball		Girls Basketball	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup> /10	11 <sup>th</sup> / 12 <sup>th</sup>
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	Girls Volleyball	5 <sup>th</sup> / 6 <sup>th</sup>	7 <sup>th</sup> / 8 <sup>th</sup>	High School		Adult Coed Volleyball
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Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coach's email: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Asst. Coach's email: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_  
 (CYO to verify Parish approval of summer teams)

Gym information (circle one) NO GYM GYM NAME: \_\_\_\_\_

Can you host games: YES NO LOCATION: \_\_\_\_\_

**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: \_\_\_\_\_