



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

Parish Registration Form

This form must be filled out separately for each CYO Program

Parish Name: _____ **Code:** _____

Parish Town: _____

SPORT: _____ **BOYS:** _____ **GIRLS:** _____

Coordinator's Name: _____

Address: _____

Home Phone: _____ **Cell:** _____

Work: _____ **Email:** _____

Summary: Indicate number of teams for each grade level that you are entering

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9/10	11/12

Total number of teams for your Parish for THIS Program only:

Number of teams _____ **@ \$** _____ **(per team) = Total Amount due: \$** _____

Teams added after scheduling is completed are subject to a double registration fee.

Only those coordinators listed here are authorized to sign waivers for the sport indicated above.

Coordinator's Signature: _____

This Parish Registration Form is intended to be accompanied by Team Registration Forms (one for each team entered) as part of a packet to be submitted to CYO.