



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

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: _____

Sport: _____ BOYS: _____ GIRLS: _____

Circle Grade Level: 1 2 3 4 5 6 7 8 9/10 11/12

Circle Level of play: A B C (if applicable)

Coach Name: _____

Address: _____

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

Email: _____

Circle one as applies to this team only - **RETURNING COACH:** YES NO

Last year's level of play: A B C Last year's record: _____

Assistant Coach: _____

Cell Phone: _____ Email: _____

***One (1) blackout date only will honored for Soccer, High School Basketball, Volleyball, Swimming, & Baseball
Three (3) blackout dates only will be permitted for Boys & Girls Basketball 3rd – 8 grade Program**

*Team Blackout Dates: _____ _____ _____ CCD: _____

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

FOR OFFICE USE ONLY:

Team Number: _____ League Number: _____ Site Code: _____

Day: _____ Time: _____