



20 East Cherry St., Hicksville, NY 11801
 (516) 433-1145 – Fax: 516-433-1238 www.cyosn.org

SUMMER PROGRAMS TEAM REGISTRATION/GYM AVAILABILITY FORM

Parish Name: _____ Town _____ Code: _____

Circle Grade Level (as of September 2018):

| | | | | | | | | |
|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-------------------------------------|
| Boys Basketball | Girls Basketball | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th / 10 | 11 th / 12 th |
|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-------------------------------------|

| | | | | |
|------------------|-----------------------------------|-----------------------------------|-------------|-----------------------|
| Girls Volleyball | 5 th / 6 th | 7 th / 8 th | High School | Adult Coed Volleyball |
|------------------|-----------------------------------|-----------------------------------|-------------|-----------------------|

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: _____

CYO OF LONG ISLAND TEAM ROSTER FORM

20 East Cherry Street, Hicksville, NY 11801

Telephone: (516) 433-1145

Fax: (516) 433-1238 or 1259

1. PLEASE INCLUDE ALL INFORMATION FOR PLAYERS AND COACH.

2. Verify that the players' home addresses reside within the geographic boundaries of the parish. P.O. Boxes Not Accepted. Contact CYO when in doubt.

3. Additions or deletions to this roster can be made by sending a copy of this roster to the CYO office until the published deadline.

Parish Name _____ Sport _____ Grade _____

| # | Last Name | First Name | Address | Town | Zip | DOB | Grade | School | Varsity Player (Yes/No) |
|----|-----------|------------|---------|------|-----|-----|-------|--------|-------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |

No player may compete in a CYO Contest, unless they are on an APPROVED roster in the CYO Office.

Coordinator and coach must sign this roster

Coach's Name _____ Phone Contact _____ Email _____

Asst. Coach's Name _____ Phone Contact _____ Email _____

Coordinator's Name _____ Signature _____ Email _____

I hereby certify that, to the best of my knowledge, the above information is correct and that the players listed above MEET THE CYO ELIGIBILITY REQUIREMENTS TO PARTICIPATE ON THIS PARISH TEAM.