

# TEAM REGISTRATION FORM 2019

DRE that will sign your roster: \_\_\_\_\_

(ONE FORM PER TEAM)

PARISH: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_

Please complete one form for each team. The cost per team is \$375.

Checks must be made payable to **CYM Basketball League**.  
This form and payment are due on Wednesday, November 28, 2018.

## CHECK INFO

Acct. Name \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

League use only

Register this team for the following league:

BOYS' SILVER (9<sup>th</sup> - 10<sup>th</sup> Grade)

9<sup>th</sup> Grade Only

10<sup>th</sup> Grade Only

Mixed 9<sup>th</sup> & 10<sup>th</sup> Grade

GIRLS' SILVER (9<sup>th</sup> - 10<sup>th</sup> Grade)

9<sup>th</sup> Grade Only

10<sup>th</sup> Grade Only

Mixed 9<sup>th</sup> & 10<sup>th</sup> Grade

BOYS' GOLD (11<sup>th</sup> - 12<sup>th</sup> Grade)

11<sup>th</sup> Grade Only

12<sup>th</sup> Grade Only

Mixed 11<sup>th</sup> & 12<sup>th</sup> Grade

GIRLS' GOLD (11<sup>th</sup> - 12<sup>th</sup> Grade)

11<sup>th</sup> Grade Only

12<sup>th</sup> Grade Only

Mixed 11<sup>th</sup> & 12<sup>th</sup> Grade

Head Coach Signature \_\_\_\_\_

## PARISH CONTACT PERSON

(Athletic Director or CYM Coordinator)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_