

# 2018-2019 Western Mass CYO Basketball – Program Information

All programs (regardless of past entry) that wish to enter the Western Mass CYO Basketball Program (WMCYO) must complete and return the following form **prior** to registering teams.

Completion of the form does not grant automatic admission, registrations will be reviewed and approved by the Western Mass CYO Board.

Program Name:	
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### Program Affiliation(s) (Check all that apply.):

<input type="checkbox"/> Catholic Parish/School (Specify):	<input type="checkbox"/> Other Catholic (Specify):
<input type="checkbox"/> Other Religious (non-Catholic) (Specify):	<input type="checkbox"/> City/Town Rec (Specify):
<input type="checkbox"/> Community/Club (Specify):	<input type="checkbox"/> Suburban/AAU/ or Other Team (Specify):
<input type="checkbox"/> Independent/Other (Specify):	

### Program Coordinators

These should be the key/main contacts responsible for the program (not individual coaches/team contacts). Each program is limited to a maximum of two coordinators and a Gym/Scheduling Coordinator. Only the contacts listed below will be added to the WMCYO Coordinators email list. It is the coordinators responsibility to forward information to their programs. As many WMCYO activities are outside of normal business hours we are requiring a cell phone # for **ALL** coordinators.

#### Coordinator / Main Contact

Name:			
Cell # (required)		Can the WMCYO text you at this #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home # (optional)		Work # (optional)	
Email Address (required):			

#### Coordinator / Second Contact

Name:			
Cell # (required)		Can the WMCYO text you at this #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home # (optional)		Work # (optional)	
Email Address (required):			

#### Gym/Scheduling Contact – This contact is the contact that will interact with WMCYO about home schedules & scores.

Name:			
Cell # (required)		Can the WMCYO text you at this #	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home # (optional)		Work # (optional)	
Email Address (required):			
Home Gym Name:			
Home Gym Address:			

### General Team Information:

	Girls 3 <sup>rd</sup> & 4 <sup>th</sup> Gr.	Girls 5 <sup>th</sup> & 6 <sup>th</sup> Gr.	Girls 7 <sup>th</sup> & 8 <sup>th</sup> Gr.	Boys 3 <sup>rd</sup> & 4 <sup>th</sup> Gr.	Boys 5 <sup>th</sup> & 6 <sup>th</sup> Gr.	Boys 7 <sup>th</sup> & 8 <sup>th</sup> Gr.
# of teams (estimate)	_____ # teams	_____ # teams	_____ # teams	_____ # teams	_____ # teams	_____ # teams
Are any of these teams competing in other leagues or tournaments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many <b>HOME</b> games will you provide each of these teams in your gym? (If zero/none to please check none.)	_____ # games <input type="checkbox"/> None*	_____ # games <input type="checkbox"/> None*	_____ # games <input type="checkbox"/> None*	_____ # games <input type="checkbox"/> None*	_____ # games <input type="checkbox"/> None*	_____ # games <input type="checkbox"/> None*

**\*WMCYO requires ALL teams to have a minimum of three home games.**

If you checked "None" for any of the above WMCYO will contact your program to discuss options.

### WMCYO requires all programs/teams to be insured to play in the league.

Will you be using WMCYO Insurance?  Yes  No: We will be insured by: (specify) \_\_\_\_\_

### Please read and initial to show that you have read and understood the following:

	ALL programs are required to pay a \$200 net (per program) cancellation fee as part of their registration fees. The fee will be returned at the end of the season if your program does not have any cancellations.
	If your program has more than 2 cancellations additional \$100 per cancellation will be charged to your program.
	If WMCYO provides gym space for your home games your program will be charge \$100/per home game, for a total of \$300 per team for 3 games. This fee must be paid to WMCYO prior to us issuing a schedule to that team (either home or away). This fee is in addition to the registration, cancellation, and insurance fees.
	Failure to submit required forms, paperwork, and or fees by dates required may result in your teams not being scheduled.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_