

RECEIPT # \_\_\_\_\_  
AMOUNT PD \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_

**DECATUR PARKS AND RECREATION DEPARTMENT  
ATHLETIC LEAGUE PARTICIPATION FORM**

*(Please Print)*

LEAGUE **COED VOLLEYBALL** DIVISION \_\_\_\_\_

TEAM NAME \_\_\_\_\_

TEAM MANAGER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ASSISTANT MANAGER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDITIONAL COMMENTS: