

RECEIPT # _____
AMOUNT PAID _____
DATE PAID _____
RECEIVED BY _____

DECATUR PARKS AND RECREATION DEPARTMENT ATHLETIC LEAGUE PARTICIPATION FORM

(Please Circle League)

MEN'S CHURCH

MEN'S INDEPENDENT

MEN'S INDUSTRIAL

WOMEN'S CHURCH

COED

(Please Print)

TEAM NAME _____ DIVISION _____

TEAM MANAGER _____

MAILING ADDRESS _____

_____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

E-MAIL ADDRESS _____

ASSISTANT MANAGER _____

MAILING ADDRESS _____

_____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

E-MAIL ADDRESS _____

MINISTER/HR MANAGER _____

MAILING ADDRESS _____

_____ ZIP _____

BUSINESS PHONE _____

E-MAIL ADDRESS _____