

RECEIPT # \_\_\_\_\_  
AMT PAID \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_

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

*(Please Print)*

LEAGUE INDUSTRIAL BASKETBALL DIVISION \_\_\_\_\_

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

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

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

\_\_\_\_\_ ZIP \_\_\_\_\_

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

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

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

\_\_\_\_\_ ZIP \_\_\_\_\_

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

HUMAN RESOURCES \_\_\_\_\_

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

\_\_\_\_\_ ZIP \_\_\_\_\_

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