

RECEIPT #

AMOUNT PAID

DATE PAID

RECEIVED BY

DECATUR PARKS AND RECREATION DEPARTMENT ATHLETIC LEAGUE PARTICIPATION FORM

LEAGUE: Men's Church
(circle one) Men's Industrial
Men's Independent

Women's Church
CO-ED
Women's Independent **DIVISION** _____

TEAM NAME

TEAM MANAGER

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

HOME PHONE

ASSISTANT MANAGER

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

HOME PHONE

MINISTER / HUMAN RESOURCES MGR.

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

E-MAIL