

RECEIPT # _____
AMT PAID _____
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 _____

ASSISTANT MANAGER _____

MAILING ADDRESS _____

_____ ZIP _____

BUSINESS PHONE _____ HOME PHONE _____

HUMAN RESOURCES _____

MAILING ADDRESS _____

_____ ZIP _____

BUSINESS PHONE _____