

RECEIPT # _____
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**DECATUR PARKS AND RECREATION DEPARTMENT
ATHLETIC LEAGUE PARTICIPATION FORM**

(Please Print)

LEAGUE CHURCH BASKETBALL DIVISION _____

TEAM NAME _____

TEAM MANAGER _____

MAILING ADDRESS _____ CITY/ST _____

ZIP _____ E-MAIL ADDRESS _____

PRIMARY PHONE _____ SECONDARY _____

ASSISTANT MANAGER _____

MAILING ADDRESS _____ CITY/ST _____

ZIP _____ E-MAIL ADDRESS _____

PRIMARY PHONE _____ SECONDARY _____

MINISTER _____

MAILING ADDRESS _____

_____ ZIP _____

BUSINESS PHONE _____