

# DECATUR CHRISTIAN SCHOOL

## Registration for 2012 Mini-Volleyball

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\$60.00 for Game Day T-Shirt and Athletic Fee (Circle One): YS – YM – YL – S – M – L – XL

Parent's Signature: \_\_\_\_\_

**Send Check & Registration Form to:**

**Decatur Christian School  
Mini-Volleyball  
137 South Grant Street  
Forsyth, IL 62535**

**For more information**

**Call Coach Braun  
at 972-5911.**

For Office Use:

**Amt Pd:** \_\_\_\_\_

**Ck #:** \_\_\_\_\_