



CASH/CHECK DEPOSIT/REQUEST FORM

TEAM INFORMATION: Team Age Group: _____ Boys / Girls (circle one)

DEPOSIT/REQUEST DESCRIPTION: _____

CASH/CHECK REQUEST: (provide supporting documentation (e.g., invoice/ sales receipt) where applicable)

Date of Request: _____ Amount of Check: \$ _____

Check payable to: _____

Memo: _____

Team Coach/Manager Signature & Date: _____

(By signing this form, you agree to be held individually and personally liable to any request submitted without the consent of the above-mentioned team's Head Coach.)

For Treasurer's/Designee Use Only:

Check #: _____ Issued By/Date: _____ Received By/Date: _____

CASH/CHECK DEPOSIT: (checks to be made payable to "Hernando Soccer Club")

Date of Deposit: _____ Amount of Deposit: \$ _____

Team Coach/Manager Signature: _____

For Treasurer's/Designee Use Only:

Deposit Amount Verified as: \$ _____ Verified By/Date: _____

If deposit is for specific player/team fees, please indicate name(s):
