



AMERICAN YOUTH SOCCER ORGANIZATION



Please complete all information about funds gathered from families. Mail or drop off completed form with checks (cash should only be dropped off) to:

Catherine Corum, Area 2C Treasurer, 4231 Westwood Court, Concord, CA 94521

RECEIPT OF FUNDS CONFIRMATION FOR TEAM ACCOUNT

Date: _____

Team: _____

Coach: _____

Season: ☐ Alliance / ☐ Other _____

CASH TURNED IN

| PLAYER | AMOUNT | BREAKDOWN | RECEIPT # |
|--------|--------|-----------|-----------|
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TOTAL AMOUNT OF CASH RECEIVED: _____

CHECKS TURNED IN

| PLAYER | AMOUNT | BREAKDOWN | CHECK # |
|--------|--------|-----------|---------|
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TOTAL AMOUNT OF CHECKS RECEIVED: _____

TOTAL TEAM DEPOSIT: _____

DATE PROVIDED TO TREASURER: _____

TREASURER SIGNATURE: _____