



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship – Player Development

EXTRA / SELECT TEAM DEPOSIT FORM

All team deposits require this form to be completed and submitted to the Extra/Select Treasurer.

1. Complete all the information on this form. Funds will NOT be accepted without this form!
2. Submit this form with cash, checks, and receipts supporting your deposit **within 24 hours of receipt (cash) or within 7 days (checks and other receipts).**
3. It is your responsibility to get the receipt from the bottom of this page as your proof.

=====
 Extra Select Boys Girls U-19 U-16 U-14 U-12 U-10

Coach Name: _____ Contact # _____

Team Rep: _____ Contact # _____

Enter the appropriate amount under each account:

Account #	Total Cash	# Checks	Total Amount	Description
		Checks \$		
<i>Example</i>	<i>\$200.00</i>	<i>4</i>	<i>\$325.00</i>	<i>Sponsorship + Fundraising</i>
		<i>\$125.00</i>		
4005 - Registration Fees				
4024 - Concessions Revenue				
4040 - Fund Raising Receipts				
4310 - Sponsors / Donations				
4959 - Other Income (explain)				
Total =	\$	\$	\$	

TREASURER USE ONLY

Date Deposit Rec'd: _____ Amount Verified? Yes No

Notes: _____

Tear bottom and give to Coach / Team Representative on receipt of funds

FUNDS VERIFICATION BY BOTH PARTIES

Date Deposit Rec'd: _____ Total Amount \$: _____ Amount Verified? Yes No

Treasurer Signature: _____ Team Rep. Signature: _____