SILVER HAWKS BOOSTER CLUB DEPOSIT FORM

Team/Group: Instrumental **Parent Rep:** Susie Smith **Parent Rep Signature (required):** *(Susie would print & sign prior to submitting)*

Phone: (555) 555-5555 **Date:** 8/1/2021

NAME	method of payment		GENERAL DONATION	APPAREL	DECALS	BANQUET MEALS	CAMP FEES					TOTAL
	CASH	CHECK#										
M. Anderson		2653	$ 250.00									$ 250.00
J. Jones	X				$ 36.00							$ 36.00
A. Robertson		5831		$ 350.00								$ 350.00
J. Williams	X		$ 200.00	$ 100.00	$ 36.00							$ 336.00
A. King		12058					$ 50.00					$ 50.00
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Totals:			**$ 450.00**	**$ 450.00**	**$ 72.00**	**$ -**	**$ 50.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,022.00**

For Treasurers Use Only

Date of Deposit: _____ **Amount:** _____ **Name:** _____