## ONONDAGA CENTRAL BOOSTER CLUB BOOSTER FUND DEPOSIT REQUEST FORM

To be completed by the ASR/Coach or the Fund Leader and handed in with money in an envelope to the main office or the Booster Club Treasurer.

Date of Request:		
Booster Fund Name:		Activity/Fundraiser:
Dollar Bill Total:	\$	
Coin Total:	\$	
Check Total:	\$	
Total Deposit:	\$	
Coach/Fund Leader Name (please print)		Coach/Fund Leader Signature
ASR Name (please print)		ASR (Activity Specific Representative) Signature
		CENTRAL BOOSTER CLUB EIPT FROM THE TREASURER
	To be completed by the Treasurer upon	receipt of money and returned to Fund Leader/Coach or ASR.
Date Received Deposit Reques Booster Fund Name:	t:	Activity/Fundraiser:
Dollar Bill Total:	\$	
Coin Total:	\$	
Check Total:	\$	
Total Deposit:	\$	
Name (please print)		urer Signature Form REV. 05/15/2017