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

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ONONDAGA CENTRAL BOOSTER CLUB
DEPOSIT RECEIPT FROM THE TREASURER

To be completed by the Treasurer upon receipt of money and returned to Fund Leader/Coach or ASR.

Date Received Deposit Request: ________________________

Booster Fund Name: ________________________  Activity/Fundraiser: ________________________

Dollar Bill Total: $____________________

Coin Total: $____________________

Check Total: $____________________

Total Deposit: $____________________

__________________________  ________________
Name (please print)  Treasurer Signature