



# OREGON FUTBOL ACADEMY

144 SW G ST. GRANTS PASS, OR 97526  
OFFICE: 541.471.1099

## TEAM ACCOUNT DEPOSIT FORM

Date \_\_\_\_\_

Person Submitting Deposit: \_\_\_\_\_

Phone \_\_\_\_\_

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Deposit Source: \_\_\_\_\_

CASH	Amount

**Total Cash**

CHECKS	# of checks	Total Checks

**Total Deposit: \$** \_\_\_\_\_  
*(Sum of Total Cash and Total Checks)*

*Two people must be responsible for counting money prior to deposit.*

\_\_\_\_\_  
Counter's Signature                      Date

\_\_\_\_\_  
Counter's Signature                      Date

\_\_\_\_\_  
Received by Registrar                      Date

\_\_\_\_\_  
Received by Treasurer                      Date

