



MIAMI LAKES SOCCER CLUB

ACCOUNT DEPOSIT FORM

ACCOUNT INFORMATION

DATE: _____ AGE GROUP: _____ BOYS GIRLS
TRAVELING TEAM: IN-HOUSE TEAM:
HEAD COACH NAME: _____
TRANSMITTER'S NAME: _____
(IF DIFFERENT THAN HEAD COACH) TRANSMITTER'S/ HEAD COACH SIGNATURE: _____

DEPOSIT INFORMATION

PLAYER / SPONSOR / FUNDRAISER	DESCRIPTION OF DEPOSIT	CHECK # or CASH	AMOUNT
1 _____	_____	_____	\$ _____
2 _____	_____	_____	\$ _____
3 _____	_____	_____	\$ _____
4 _____	_____	_____	\$ _____
5 _____	_____	_____	\$ _____
6 _____	_____	_____	\$ _____
7 _____	_____	_____	\$ _____
8 _____	_____	_____	\$ _____

TOTAL CASH \$ _____

TOTAL DEPOSIT \$ _____

TOTAL CHECKS \$ _____

RECIPIENT INFORMATION

FOR MIAMI LAKES SOCCER CLUB OFFICIAL USE ONLY (DO NOT WRITE BELOW)

RECIPIENT NAME: _____ TITLE: _____ DATE: _____

RECIPIENT SIGNATURE: _____