

MANHATTAN SOCCER CLUB



Deposit Form

TEAM NAME _____ DATE _____

Please list EACH check with amount and identifying mark (check # and name). Total the amount. **DO NOT STAPLE CHECKS. IT IS NOT NECESSARY TO INCLUDE COPIES OF CHECKS.**

Item	Check #	Name	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

TOTAL _____ **Your Name** _____

Team is responsible for any fees for returned checks. Mail to:
Ruth Rifkin, Assistant Treasurer, Manhattan Soccer Club, 80 East
End Avenue, New York, NY 10028