

MANHATTAN SOCCER CLUB



Deposit Form

TEAM NAME _____ DATE _____

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

Item	Ck# or 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:
Marc Freedman, Treasurer, Manhattan Soccer Club
603 West 111 St., #6E, New York, NY 10025