| Check No. | Player | Amount | TOTAL DEPOSIT AMOUNT |
|-----------|--------|--------|---------------------------------------|
| | | | \$ - |
| | | | Indicate below intended use of funds. |
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SEASON:

TEAM:

| TEAM: | SEASON: | |
|---|-----------------------------------|--|
| Phone No: | | |
| Payable To: Address: | 7 4 | |
| Description of funds: (Please attach all in | Date Required:nvoices to be paid) | |
| | | |
| MAIL CHECK MEETING | NG OTHER | |