

SOUTHINGTON ATHLETIC BOOSTERS
PAY-IN ORDER

TO BE COMPLETED BY ACTIVITY SPONSOR & TREASURER:

FUNDRAISING ACTIVITY _____ DATE _____

TO THE CREDIT OF _____ AMOUNT \$ _____
(TEAM)

COINS-----\$ _____

CURRENCY-----\$ _____

CHECKS (List separately - use reverse side if necessary)

Name	Number	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\$ _____
Total Pay-in \$ _____

Athletic Booster Treasurer Signature Activity Sponsor Signature

TO BE COMPLETED BY ATHLETIC BOOSTER TREASURER:

Amount Received \$ _____ Date Received _____