

**CASH/CHECK DEPOSIT FORM**  
**SPORTS ASSOCIATION OF OAKLAND, INC.**

Commissioner/Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Circle one)**

**Activity:** (1) General (2) Great Oak Park (3) Dog Park (4) SAO Classes (5) Football (6) Cheer (7) Basketball (8) Baseball (9) Roller Hockey (10) Wrestling (11) Softball (12) Special Needs (13) Cooperstown Baseball (14) Summer Camp (15) Soccer

Does this relate to a reimbursement by the town? YES/NO

If Yes, please provide description and PO# (if applicable) \_\_\_\_\_

**Activity Revenue Type (1 form per activity):** (1) Donation (also Sponsorship/Grant) (2) Fundraiser (3) Program (Clinic, Tryouts)

**Specific Description:**

\_\_\_\_\_  
\_\_\_\_\_

Date Deposited: \_\_\_\_\_ Grand Total: \_\_\_\_\_

TOTAL CASH	\$
------------	----

TOTAL CHECK AMT	\$
-----------------	----

**Complete form, attach receipts, leave near Katrina Larsen's front door at 71 Spear Street**