

Aberdeen Board of Parks and Recreation INCOME SUBMITTAL FORM

ATTACH PINK COPY OF DEPOSIT SLIP TO THIS FORM

Date: _____

Program: _____

Cash \$ _____

Checks \$ _____

Total \$ _____

Breakdown of Funds:
\$ Amount

#New

#Renew

_____ Registration – Number of Registrants _____

_____ Fund Raiser/Concession

_____ Donations

_____ Other (Specify): _____

Chairperson/Program Treasurer Signature: _____

Print Signer's Name

NOTE: After verifying your figures, if there is a discrepancy, the treasurer will notify you.