North Reading High School
Athletic Teams
Turn-over Receipt Form

Team: _____

Coach: _____

Date of Deposit: _____

Amount of Deposit: _____

(If applicable)
Students _____

Fee Charged Per Student _____

(Please note if students are charged to participate in an activity/banquet, you must include the number of students that participated and the amount charged per student for Town Hall to accept the deposit. The amounts when calculated should equal the funds from the activity noted above. **In addition, you must turn in the student roster detailing the list of students from whom funds were collected.)**

Amount of Deposit (checks): _____

Total amount of Deposit Received: _____

Coaches Signature: _____

Athletic Office Signature: _____

Business Office Signature: _____