Sun City Players Community Theater
Cash/Check Deposit Form
(SUBIT TO TREASURER WITHIN (3) DAYS OF COLLECTION.)

Date: _____

Name: _____
Phone: _____

Total Amount: _____
Checks: _____
Cash: _____

Source: (please check applicable source)

Ticket Sales_____ Membership Dues_____ Concessions_____ 50-50 Drawing _____

Sponsors_____ Events_____ Other_____

Please attach or notate complete details of deposit below such as date or date range of money collected. If the money was collected for an event, please indicate the name of the event.

Event: **Date:**

Checks:	Cash:

Received by Treasurer: Date: _____ Initials: _____

Deposit Date: _____

Cash/Check Deposit Form 01/01/22