



GLEN SHIELDS FUTBOL CLUB

REVENUE FORM

Coach/Manager/Office: _____

DATE: _____

Team/Division: _____

REP _____ HOUSE LEAGUE _____

REASON FOR REVENUE: _____ OTHER: _____

#	Date	Cheque	Name on Cheque	Player's Name	Total Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					
12					
13					
14					
15					
16					
17					
18					
					TOTAL RECEIVED

Please attach cheques to this form. Preferably NO CASH.

TOTAL RECEIVED

Approved By: _____

Date: _____

Date	Team Allocated	Total

WHITE COPY: FINANCE YELLOW COPY: TEAM