Arlington Soccer Association

# DEPOSIT SLIP

Please Remit to: ASA, 5210 Wilson Blvd., Arlington, VA 22205 - Call 703-527-0157 with any questions

☐ Legacy Funds

☐ Program Funds

| TEAM OR CLUB NAME | NUMBER (if applicable) | Submitted By<br>Phone Email | Date Submitted |
|---|---|---|---|
| | | | |

If checks are written directly to your Team, please write "Pay to the Order of Arlington Soccer" on the back & endorse it with an authorized signature.

| Received From | Check Amount | Spring Season | Fall Season | Tournament | Merchandise | Uniforms | Supplies | Other (please describe) | Description (if any) |
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| Totals | | | | | | | | | |

Manager / Treasurer Signature (Required) Date