



THE PRIDE GOES ON FOREVER

SOQUEL HIGH FUND DEPOSIT FORM

Washington Mutual @ 41st & Clares Street

DEPOSIT DATE: _____ DEPOSIT AMOUNT: _____

GROUP: _____ **ID#:** _____

CONTACT NAME: _____ **PHONE#:** _____

Cash

Qty x \$ Amt = Total

_____ x 1's = _____
 _____ x 5's = _____
 _____ x 10's = _____
 _____ x 20's = _____
 _____ x 50's = _____
 _____ x 100's = _____

List Checks or Supply Photocopies

Name on Check

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount in Cash: \$ _____

Total Amount in Checks: \$ _____

Grand Total: \$ _____

Above Deposit Verified by: [NEED TWO SIGNATURES]

Group Rep Name: _____ Date _____
Signature / Print

Group Rep Name: _____ Date _____
Signature / Print

For Soquel High Fund use only:

Deposit to ID # _____ Total Amt: \$ _____
 Notes/Comments: _____