



Thelo United Futbol
PO Box 67233
Milwaukie OR 97268



Request for distribution or deposit of funds

Date: _____

Team Name: _____ Coaches Name: _____

Person making request: _____ Phone number: _____

* Withdrawal \$ _____

Check to be made out to: _____

Address: _____

**Copy of receipt, tournament entry form or similar documentation must be attached or your request will be sent back to you.*

No check will be issued that would exceed your current team account balance.

 Deposit: Checks \$ _____ Cash \$ _____

Registration Fee: \$ _____

Include the name of Players on the back of this form to be verified with the Registrar

Uniform/Equipment Fees: \$ _____

Spirit Gear: \$ _____

Tournament/Camps: \$ _____

Name of Tournament: _____

Fundraising: \$ _____

Other: \$ _____

*Check requests in the PO Box by Wednesday will be sent out by the following Monday.
Anytime there is a check written or a deposit made, an updated Team ledger will be sent out to the Head Coach and Team Manager by e-mail.
Any questions call Karen Gallaway 503-653-7921*