



SENECA VALLEY WRESTLING ASSOCIATION

EVENT MONEY COLLECTION FORM

COUNTER INFORMATION:

Name: _____

Date: _____

Email: _____

Telephone: _____

SECOND COUNTER INFORMATION:

Name: _____

Date: _____

Email: _____

Telephone: _____

Event: _____

MONIES COLLECTED:

CURRENCY:

DOUBLE
COUNTER
INITIALS:

COINS:

DOUBLE
COUNTER
INITIALS:

\$20.00 _____

\$0.25 _____

\$10.00 _____

\$0.10 _____

\$5.00 _____

\$0.05 _____

\$1.00 _____

\$0.01 _____

Total: _____

Total: _____

CHECKS:

Number Received: _____

Total: _____

(Use back for itemization if necessary.)

Grand Total: _____

TREASURER REFERENCE:

Check Amount: _____

Cash Amount: _____

Total: _____

Initials: _____

Date: _____