CHECK DEPOSIT FORM

Date: _____

Event: _____

Name(s) on Check *Please include name of student's teacher if check is not from a CCES family	Check #	Amount ($)

Total items on this page: _____ Total amount on this page: $_____

Page _____ of _____

TOTAL FUNDS FOR DEPOSIT (last page only): $_____

Person submitting the funds:

Signature: _____ Printed Name: _____