

Team Suffolk Half Hollow Hills Swim Club

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Deposit Form

Please fill in **ALL** information. If you have any questions, please contact the Treasurer.

Date _____

Committee/Category _____

Received from _____

Cash \$ _____

Checks \$ _____

Total \$ _____

Please list checks individually (or attach same information):

Check #	Last Name on Check	Swimmer Name	Amount
			\$
Total			\$