

DEPOSIT FORM

AVES Theatre Boosters

DATE: _____

SOURCE OF FUNDS: Advertising Concessions/Flowers DVD sales
 (Budget Category) Membership/Bundle Pay-to-Participate Cast Fees
 Food / Party Ticket Sales Summer Show
 Thespian Society Other _____

Total \$ amount of Checks _____
(made out to AVES Theatre Boosters)

Total \$ amount of Cash: _____

Total \$ Amount _____

SUBMITTED BY: _____

RECEIVED BY: _____

DEPOSIT DATE: _____

Please contact Joel Kling, Treasurer.

Joel Kling
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(513) 404-9933