



SENECA VALLEY WRESTLING ASSOCIATION
START UP MONEY FORM

CONTACT INFORMATION:

Submitted By: _____

Date: _____

Email: _____

Telephone: _____

REQUEST DESCRIPTION:

Class/Committee: _____

Needed By: _____

Event: _____

MONIES REQUIRED:

CURRENCY:

\$20.00 _____

\$10.00 _____

\$5.00 _____

\$1.00 _____

Total: _____

Grand Total: _____

COINS:

\$0.25 _____

\$0.10 _____

\$0.05 _____

\$0.01 _____

Total: _____

RECEIPT OF FUNDS:

Signature: _____

Date: _____

TREASURER REFERENCE:

Check Number: _____

Date: _____

Amount: _____

First Approver: _____

Date: _____

Second Approver: _____

Date: _____