



Check Reimbursement/Deposit Form

Date: _____

Requested Check Payable To: _____

Check Request Amount: _____

Reason for Check: _____

Deposit Amount: _____

Type of Deposit (Club Fee or Team Fee): _____

Team: _____ Coach: _____

Requested By: _____

Secondary (Coach/Manager) Signature: _____

Or Email Confirmation

Amount towards Club Fee: _____

Amount towards Team Fee: _____

Total Deposit: _____

****** PLEASE ENCLOSE A STAMPED PRE OR SELF ADDRESSED ENVELOPE ******

*****Attach ALL Receipts for Reimbursements*****

Any questions contact stephanie@lakelandfc.org

Check # and Date Issued: _____

Lakeland FC
730 Creative Dr. Suite 4 & 6
Lakeland, FL 33813