



American Cancer Society
Relay For Life
Team Accounting Sheet

Please print clearly or type. Illegible forms may not be entered properly. Please keep a copy for your team records while also mailing/submitting a copy to the American Cancer Society.

Relay For Life of Central & Northern Delaware _____ Society Key: DGN5KV _____

Team Name: _____

Team Captain Name: _____

Team Captain Email: _____

Donations sent in for individuals not registered will be credited to the team or event.

Team/ Member to Credit:	Fundraising Activity:	Cash? Amount \$	Check/ Ck #'s & Amount \$	Total Donation Amount
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
GRAND TOTAL:				\$

Team Captain Signature: _____ Date: _____

Accounting Volunteer: _____ Date: _____

Please mail form and donations to: (please do not mail cash)

American Cancer Society
Attn: Ashley Boucher
P.O. Box 1877
Salisbury, Maryland 21802
ACS Office Use Only:

Batch # _____ Date Received: _____ Sent to Staff Partner