Cerritos Cross Country
Payment & Donation Confirmation

Date __ __ / __ __ / __ __ REC # __ __ __ __ - XC - __ __ __ - __ __ - __ __ __
(Office Use Only)

Athlete's Name _____ ID _____

- **Donation**
  □ Option 1 □ Sponsor □ Other
- **isoCAMP**
  □ Deposit □ Payment □ Full Balance
- **Mammoth Camp**
  □ Deposit □ Payment □ Full Balance
- **Season Trip (Please Specify)**
  □ Iolani □ Oregon □ Other (Please Specify)
- **Fundraising (Please Specify)**
  □ Cow Run □ Advertisement □ Jog-a-Thon □ Recycling
  □ Donation □ Miscellaneous/Other (Please Specify)
- **Clothing & Apparel**
- **Banquet**
  □ Athlete (Option 1) □ Guest (Option 1) □ Other (Please Specify)
- **Obligation (Please Specify)**
- **Miscellaneous**

Amount $ _____ Payment Type _____

Payer Name _____ Payer Signature _____

NOTES:

The following receipt is a confirmation of donation and payments and must be retained by the payer in order to demonstrated proof of donation or payment. The payer is fully responsible for providing this form for completion of verification and retaining it to demonstrate proof of payment or donation. Donations and payments are non-refundable and non-transferrable unless otherwise stated in documentation. The receipt is not valid without a proper receipt number which is assigned when the receipt is provided to the payee for verification and completion.