



ATTENDANCE SHEET FOR \_\_\_\_\_

HELD ON \_\_\_\_\_, 20 \_\_\_\_\_

<input checked="" type="checkbox"/> IF MEMBER	<input checked="" type="checkbox"/> IF JR. & AGE	AMT. PAID	PRINT NAME	ADDRESS	CITY & ZIP	TELEPHONE & EMAIL

PAGE \_\_\_\_\_ OF \_\_\_\_\_

YOUTH DONATION # \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

DUPLICATE IF YOUTH DONATION CHECKED FOR DONATION FILE