

# Event Sign in Sheet

Group Name \_\_\_\_\_ Event Name \_\_\_\_\_ Date \_\_\_\_\_

No #	Print MKA Name	Print Persona Name NO Titles Please	Member #	Exp. Date	Waiver #	Adult Or Child	MKA Initial if Correct	No# of Days	of Feast?	Cost	Check or Cash
1											
2											
3											
4											
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21											
22											
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41											
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162											
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