

# 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
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2											
3											
4											
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