

FEEDING GOD'S CHILDREN



Event Organizer's Name _____

Local Court _____

State _____ Date _____

Volunteer Sign-in

Please print clearly. *If you are under 18 years of age, please provide your parent or guardian's phone and email address.*

Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	Phone
Age:	18+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	Email	
Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	Phone
Age:	18+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	Email	
Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	Phone
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Age:	18+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	Email	
Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	Phone
Age:	18+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	Email	
Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name	Phone
Age:	18+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	Email	



BRINGING CATHOLIC VALUES TO LIFE
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 A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
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