

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	Day or Weekend (D or W)	Feast?	Cost	Cash or Check	MKA Initial if Correct
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Note: Fill out each line individually - Do not lump family costs onto one cost line!

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