THE SNOWY DAY

EVENT SIGN-IN SHEET

NAME OF CC/FCH: _____

First Name (Adult)	Last Name (Adult)	Signature (Adult)	E-mail/Mailing Address (Adult)	# of Children in Your Group
			Total # of Children	

Help a child read. Help a child dream.

Please mail the Sign-in-Sheet in the enclosed envelope to:
Literacy Coalition of Palm Beach County
Attn: Nicole Rice
551 SE 8th Street, Suite 505
Delray Beach, FL 33483

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