



Christian Fine Arts of Forsyth

Midnight Madness Lock In

----- ALL FIELDS ARE REQUIRED / COLLECT MONEY AT SET UP -----

| | | | | | |
|-----------|--------------|-----------------|----------------------|---------------------------|--|
| 1 | <i>Name:</i> | <i>(Seller)</i> | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 2 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 3 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 4 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 5 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 6 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 7 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 8 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 9 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |
| 10 | <i>Name:</i> | | | <i>Emergency Contact:</i> | |
| | <i>Age</i> | | <i>Food Allergy:</i> | <i>Phone:</i> | |

??? Questions ???

Please email Mrs. Hall at HALLCCCC@yahoo.com

CFAF Members must sell a minimum of 100 tickets for event to take place
Time to get busy selling !!!!!

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