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JOIN HANDS DAY SUMMARY

PLEASE TYPE OR P	RINI CLEARLY		
Court / Impact T	eam Name and Number:		
Date of Event: _			
Event Description	on — Include name(s) of organizatio	n(s) your Court / Impact Team joined with for this	event
		inted or digital pictures are appreciated for the or social media coverage, but cannot be returned.	
ONE OFFICER S	SIGNATURE REQUIRED:		
POSITION	PRINT NAME	SIGNATURE	

Please submit this form to be no later than postmark June 10 of the current year to:

DATE

PHONE

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EMAIL