

CCR Assembly Sign-in Sheet

Date	Time	Location
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Name	
Address	
Group (City and Day)	
Position (Check all that apply) <input type="checkbox"/> Regional Officer <input type="checkbox"/> GSR <input type="checkbox"/> Alternate GSR <input type="checkbox"/> Substitute GSR <input type="checkbox"/> Visiting Member <input type="checkbox"/> Group Webmaster	
Email Address	
Home Phone	Cell Phone
Skype Name	

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