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Name of Individual (A) *(please print)*

Name of Individual (B) *(please print)*

Signature
[Please indicate whether parent or guardian if person is under age 18]

Signature
[Please indicate whether parent or guardian if person is under age 18]

Date

Children (under age 18)	
Name.....	Age
_____	_____
_____	_____
_____	_____

CONTACT INFORMATION:

Mailing Address: _____

City, State, Zip: _____

Phone number (mobile): _____ Phone number (other): _____

Email: _____

NHHFA NOTES	Staff:	
Event:	Location:	Date:
Notes (identifying features):		

5/03/22