

PATHFINDER NATION EVENT CHIEF'S WORKSHEET

TRIBE NAME: _____

NATION EVENT: _____

DATE: _____

TIME: _____

PRICE PER PERSON: _____

TRIBE MEMBERS	NUMBER ATTENDING	AMOUNT DUE	AMOUNT PAID	CHECK NUMBER
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1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

TOTALS:				
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PLEASE MAKE CHECKS PAYABLE TO:
SOUTHERN NH PARENT / CHILD PROGRAM