

Sign-in Sheet: Parents Without Partners, Inc., Chapter 715

Name of Function: _____ Program Area: _____

Location: _____ Date: _____

Host/Hostess: _____ Subsidy Fee (per Newsletter) \$ _____

Member/Child Name	Sign for \$	Membership #	Amount Received
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Within 2 days of event please mail this completed Form with Summary of Income and Expense Form to PWP 715 Treasurer: **Patrick Duffy, PWP, PO Box 358, Merrifield, VA 22116-0358**