

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

Name of Function: \_\_\_\_\_ Program Area: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Host/Hostess: \_\_\_\_\_ Activity Fee (per Newsletter) \$ \_\_\_\_\_

Member Name	Chapter #	Membership #	Amount Paid
1			
2			
3			
4			
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6			
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8			
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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**