

Local Chapter Meetings

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email address: _____

Grade in school as of March 1, 2007 _____

_____ I attended the _____ local chapter
meeting on _____ (5 pts.)
(date)

Please note: You may only count 4 meetings per sweepstakes year.

Signature date

Parent/Guardian signature date

Local Chapter President date

Mail to: GJCA, Attn: Julie Sims, P.O. Box 24510, Macon, GA 31212

For office use only:

Date postmarked _____

Date received _____

Date entered _____