

12TH ANNUAL CONDORS FIGHTING CANCER HOCKEY-THON



PLAYER: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

NAME	ADDRESS	ZIP	PHONE	PLEDGE AMOUNT	CASH/CHECK	RECEIPT?	PAID
						Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	
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						Y/N	
						Y/N	
						Y/N	

Total Pledge Amount: _____