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# FBCCH Payment Form

EVENT: \_\_\_\_\_

EVENT DATES: \_\_\_\_\_

## **Personal Information**

ACCOUNT (Name): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL : \_\_\_\_\_

Check here if you wish to receive your receipt via email

MAIN PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

## **Payment Information**

PAYMENT AMOUNT \$ \_\_\_\_\_ PAYMENT DATE \_\_\_\_\_

PAYMENT TYPE  CASH  CHECK (No. \_\_\_\_\_ )

*For Office Use* \_\_\_\_\_

\_\_\_\_\_

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