

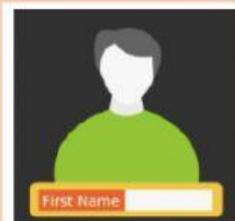
Lit F

Name _____

Date _____

Fill out the form

Form



First name



Last name

Address



City

Phone number

