RFS Recap Sheet

PLEASE USE PRE-POPULATED RECAP

CHAPTER NAME _____ DATE RECEIVED BY CMA _____ RFS _____ *Year*

CHAPTER NUMBER _____ CHAPTER STATE _____

RUN FOR THE SON SECRETARY _____

NOTE DEADLINE: To be credited to current year RFS and eligible for incentives/national awards, all proceeds must be received no later than **May 20**. Funds received after deadline may be credited to next year's RFS.

FOR OFFICE USE ONLY

VERIFIED

ENTERED

SUMMARY

INCENTIVES

DAYTIME PHONE (_____)_____ EMAIL _____

SHIP TO ADDRESS _____ CITY/STATE/ZIP _____

(DO NOT SEND IN SPONSOR RECEIPT FORMS. DO NOT SEND IN INDIVIDUAL PACKETS. PRINT ONLY ONE NAME AND ONE DOLLAR TOTAL PER LINE.)

PARTICIPANT'S NAME	CMA #	MAILING ADDRESS	CITY	STATE	ZIP	AMOUNT ENCLOSED	RFS SHIRT *PLEASE INDICATE SIZE. ONE SHIRT PER PERSON	COMMENTS
						COLUMN TOTAL		

Shirt Sizes: S, M, L, XL, 2X, 3X, 4X, or 5X

FOR OFFICIAL USE ONLY
TOTAL FOR RECAP SHEETS
$

FOR CHAPTER USE ONLY
CHAPTER TOTAL
$

MAIL: CMA RFS, PO BOX 9, HATFIELD, AR 71945 • SHIP: CMA RFS, 4278 HIGHWAY 71 S, MENA, AR 71953

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