

**MAKAHIKI CARD SALES  
CARD CHECK-OUT FORM**

CARD SALES COORDINATOR: \_\_\_\_\_

UNIT TYPE: \_\_\_\_\_

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

UNIT # \_\_\_\_\_

PHONE # \_\_\_\_\_

DISTRICT: \_\_\_\_\_

<p><b># CARDS ISSUED</b> _____</p> <p><b>RECEIVED BY:</b> _____</p> <p><b>RELEASED BY:</b> _____</p>
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I UNDERSTAND AND AGREE THAT BY SIGNING FOR THE CARD TRANSACTION AMOUNTS LISTED ABOVE THAT OUR UNIT IS RESPONSIBLE FOR THE TOTAL NUMBER OF CARDS ISSUED. I UNDERSTAND AND AGREE THAT OUR UNIT WILL BE CHARGED FOR ANY OUTSTANDING CARDS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ORIGINAL—COUNCIL COPY

COPY—UNIT COPY

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