## PLEASE PRINT CLEARLY

## St. Francis Family Service Program- Dia De Los Muertos Altar Decor Drop-off Date: Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Name: Supplies (description, quantity): Receipt Attached (please only claim 1 hour for every \$20 spent) PLEASE PRINT CLEARLY St. Francis Family Service Program- Dia De Los Muertos Altar Decor Drop-off Date: \_\_\_\_\_ Student's Name: Grade: Parent's Name: \_\_\_\_\_ Supplies (description, quantity): Receipt Attached (please only claim 1 hour for every \$20 spent) PLEASE PRINT CLEARLY St. Francis Family Service Program- Dia De Los Muertos Altar Decor Drop-off Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Name:

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