

Oakwood Christian School

Student's Name: _____

Grade: _____ Class: _____

Participant #: _____

 Please make checks payable to: **OCS**

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Name	Tel. 123-456-7890	Email sallyjones@myemail.com		\$30,00
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Address	City	State	Zip Code	
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 Contact **Norma Rapp** for more information at oakwoodchristian@nycap.rr.com

Participant's Website: _____