Protocol Form.

Customer or Institution: Founder or Representative:

_____   _____

_____   _____

_____   _____

_____   _____

_ ___ _   _____   Phone: _____

Date: _____   Wage: _____

Location: _____   Court: _____

Description:

… .. .. … .. .. … .. .. . .… .. .. . … .. .. … .. .. …

Pos | Topic or Task

1 | _____

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Place, Date, Signature: _____   _____   _____

Thank you for supporting us.

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