



FUNDRAISERS ON CITY STREETS

PARTICIPANT LIST

ORGANIZATION:			
DATES FOR EVENT:			
APPLICANT NAME:		APPLICANT PHONE:	
APPLICANT EMAIL:			
PLEASE RETURN THIS FORM A MINIMUM OF ONE WEEK PRIOR TO EVENT START TO:			
Effingham City Police Department, 110 S. 3 rd Street, Effingham, Illinois 62401 Records – 217-347-0774 x5326, epd@effinghamil.com			

PLEASE COMPLETE ALL INFORMATION BELOW; USE FILLABLE FORM, TYPE (OR PRINT LEGIBLY). PLEASE USE FORMAL NAMES (NO NICKNAMES)

FIRST NAME	MIDDLE INITIAL	LAST NAME	ADDRESS, CITY, ZIP	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	APPROVED (Office Use Only)

***Please use additional pages as necessary

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