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## ***GGBC MEMBER FUNDS TRANSFER REQUEST***

MEMBER NAME: \_\_\_\_\_

GYMNAST NAME: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

*\*\*TRANSFER REQUEST CAN BE PLACED IN THE GGBC OR TREASURER'S MAILBOX OR EMAILED TO TREASURER.\*\**

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MEMBER NAME: \_\_\_\_\_

GYMNAST NAME: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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