FORM - 3

YEAR \_\_\_\_\_\_\_\_\_\_\_\_ **GOLD CUP PROGRAM NCFMC AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AREA/GOLD CUP CHAIRMAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHAIRMAN’S ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  **TEACHER** | **ENROLLMENT #** | **CHECK AMOUNT** | **FORM COMPLETE** **YES/NO** | **# OF STUDENTS****RECEIVING****15 POINT GOLD CUP** | **# OF STUDENTS****RECEIVING** **30 POINT GOLD CUP** | **# OF STUDENTS****RECEIVING****45 POINT GOLD CUP** | **# OF STUDENTS****RECEIVING****60 POINT GOLD CUP** |
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(MAKE 2 COPIES : SEND ONE TO GOLD CUP CHAIRMAN AND KEEP ONE FOR YOUR RECORDS.)