



CHILD FIND & COMMUNITY AWARENESS

Business/Contact Person Name: _____

Address: _____

County: _____ Phone: _____

Date of Activity: _____

Type of Activity: (Check one)

- Booth
- Mailed Information/Brochure
- Phone Call
- Other (Explain) _____

First Steps Provider Name. _____

Title. _____

Please fax to (270)746-0729 by the 5th of each month.



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