

# eliminating racism empowering women ywca

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Child's Name (if child appears in photo): \_\_\_\_\_  
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(child's parent/guardian, if under the age of 21)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

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