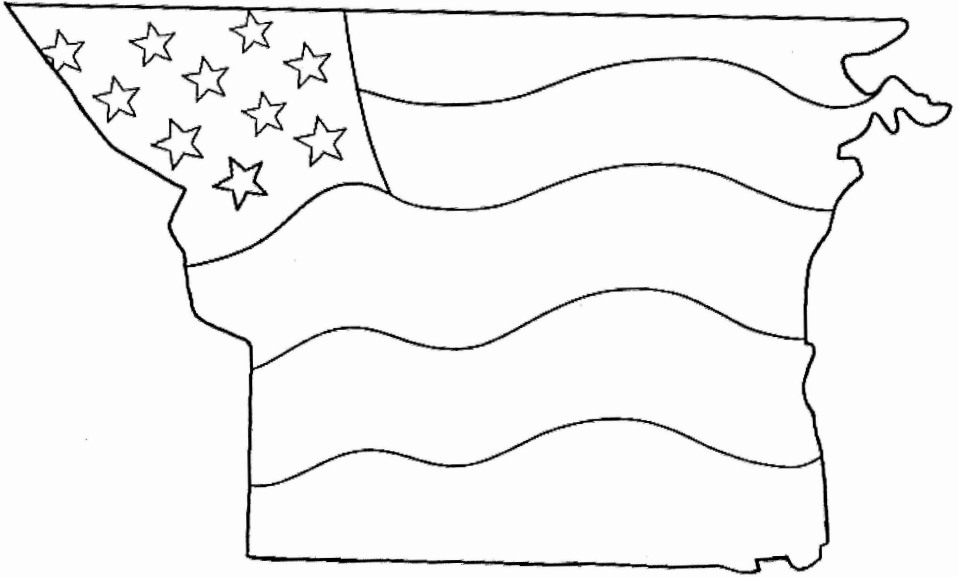


GC Elections Coloring Contest



VOTE

Entry Form

Child's First Name, Last Initial:

Age:

Parent's Name:

Parent's Email:

Parent's Phone: