



GEAR LIST FORM

Your Name _____ Email _____ Phone _____ Church _____ City/State _____

Make _____	Model _____	Qty _____	Needs repair? <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, explain _____	CG Price _____
Make _____	Model _____	Qty _____	Needs repair? <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, explain _____	CG Price _____
Make _____	Model _____	Qty _____	Needs repair? <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, explain _____	CG Price _____
Make _____	Model _____	Qty _____	Needs repair? <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, explain _____	CG Price _____
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