



WORLD Subscription Application

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Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

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Street _____

City _____ State _____ Zip _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

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If you printed the form to a new PDF file, email it to: info@mafca.com

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