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## AFFILIATE CREDIT FORM

**Affiliate Credit Name:**

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**Date of Affiliate Credit:**

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**Credit Available:**

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**Signature of Event Staff:**

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**Student's Name (print):**

---

**Student's Signature:**

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**Date Signed:**

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RETURN TO NDSBA VIA MAIL: PO BOX 7128, BISMARCK, ND 58507-7128  
or email to [patty.verdouw@ndsba.org](mailto:patty.verdouw@ndsba.org)

**Affiliate Credit Name:**

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