



AFA Pre-Certification Cash Sheet

Instructor Filing Cash Report: _____ AFA #: _____

Sponsoring Organization: _____ Total Enclosed: \$ _____

Location/Address: _____

Date of Clinic: ____/____/20____ Instructors: _____

Comments: _____

	Last Name	First Name	AFA Number	Clinic Fee	AFA Member Fee	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

	Last Name	First Name	AFA Number	Clinic Fee	AFA Membership Fee	TOTAL
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						