



The Dawning of something good

S.A.M

the Summer Association of Majorettes

Dispute / Complaint Form

Date _____

Troupe Name _____

Your Name _____

Position _____

Nature of Dispute / Complaint

Details

If extra pages used please enter No. of extra pages attached _____

Received By

Name _____ **Signature** _____ **Date** _____

Registered Office

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