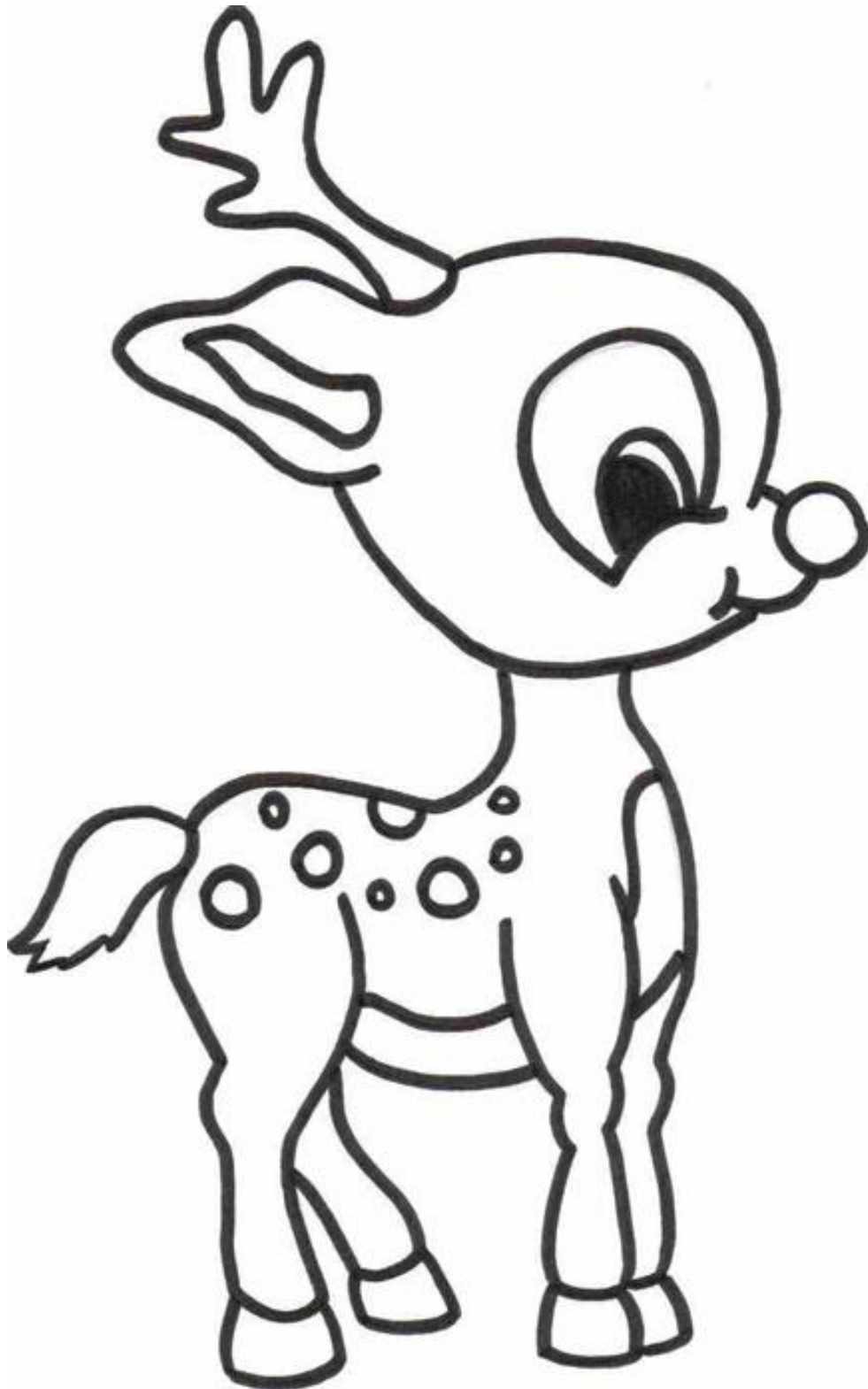


CMR Colouring Contest

Name _____

Age _____ Phone # _____



Please return to your local CMR office by December 14th !