

Name \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

### FINGER PRINTS

	1 THUMB	2 INDEX	3 MIDDLE	4 RING	5 LITTLE
RIGHT					

	5 LITTLE	4 RING	3 MIDDLE	2 INDEX	1 THUMB
LEFT					