

**Program Participation Sign-In Sheet**

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| Activity: |  | Educator: |  |
| Location: |  | Activity Date: |  |

Thank you for participating in a program with UGA Cooperative Extension. We attempt to obtain information from individuals with whom we work to assure that we are offering our educational programs, assistance, and materials to all people and appreciate your help in this matter.

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|  | **Name** | **Email Address** | **County** |
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