

# Program Participation Sign-In Sheet



Activity: \_\_\_\_\_  
 Location: \_\_\_\_\_

Educator: \_\_\_\_\_  
 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.

	Name	Address	Email Address	Telephone	Race*	Gender**	Hispanic***
1							
2							
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\***A**=Asian, **B**=Black or African American, **N**=Native American Indian or Alaska Native,  
**P**=Native Hawaiian or Other Pacific Islander, **T**=Two or more races, **W**=White  
 \*\***M**=Male, **F**=Female  
 \*\*\***Y**=Yes, **N**=No

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