

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*** |
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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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