

**Program Participation Sign-In Sheet**

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| --- | --- | --- | --- |
| Activity: |  | Educator: |  |
| Location: |  | Activity Date/Length of program: |  |

**Thank you for participating in a program with UW Extension. Funding from USDA/NIFA makes Extension programs possible. This sign in sheet serves as data collection for equal opportunity and civil rights compliance. Completion is VOLUNTARY and will not affect your opportunity for participation and/or services.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Email Address** | **Telephone** | **Race\*** | **Gender****M/F** | **Hispanic****Y/N** |
| 1 |   |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |

**\* Record race using the appropriate letter for the categories below:**

**W**=White **B**=Black or African American,

**A**=Asian, **N**=Native American Indian or Alaska Native,

**P**=Native Hawaiian or Other Pacific Islander,

**T**=Two or more races, **O**=Other Race

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