

## Attendance Record/Sign-In Sheets

Name of Activity/Event: \_\_\_\_\_

Date: \_\_\_\_\_

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

Conducted by: \_\_\_\_\_

	Name	Mailing Address	Location		*Ethnicity (Please Check One)		* Race (Please Check One)						* Gender	
			County		Hispanic/ Latino	Non- Hispanic/Latino	White	Black	Hawaiian/ Pacific Islander	American Indian / Alaskan Native	Asian	Two or More Races	Female	Male
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***\* This information is requested solely for the purpose of determining compliance with federal civil rights law, and your response will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.***