

YOUTH ATTENDANCE RECORD/SIGN-IN SHEETS



Name of Program/Event: _____

Date: _____

Location: _____

Conducted by: _____

Hours of Instruction: _____

Teacher/Leader: _____

Delivery Mode: _____

Duplicate Audience? Yes No

	Youth Name	Age	Grade	* Ethnicity (Please Check One)		* Race (Please Check One)					* Gender		
				Hispanic/ Latino	Non-Hispanic/ Latino	White	Black	Hawaiian/ Pacific Islander	American Indian / Alaskan Native	Asian	Two or More Races	Female	Male
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

*** 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.**