

Program Participation Sign-In Sheet



UNIVERSITY OF GEORGIA
EXTENSION

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	Email Address	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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