

COWETA COUNTY 4-H

Program Participation Sign-In Sheet

Activity: _____ **Date:** _____ **Length of Program:** _____

Educator(s): _____ **Assistant(s):** _____

(*Race for reporting purposes only)

	Name	Based on Dawg Check Covid-19 Assessment, can you continue? (Y/N)	Race	Hispanic (Yes/No)	Gender (M/F)	Youth/Adult	Grade
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

*A=Asian, B=Black, N=Native American Indian or Alaska Native,
P=Native Hawaiian or Other Pacific Islander, T=Multiple Races, W=White

*The Georgia Cooperative Extension Service, in order to be in compliance with Federal Affirmative Action guidelines, must obtain documentation from individuals with whom we work to assure that we are offering educational programs, assistance and materials to all people without regard to race, color, national origin, age, sex or handicap status.



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