

# Participant Event Sign-In Sheet

EVENT NAME	DATE	START TIME	END TIME

FIRST NAME	LAST NAME	YOUR ROLE (SELECT ONE)			
		<input type="checkbox"/> STUDENT: GRADE LEVEL _____	<input type="checkbox"/> FAMILY: STUDENT NAME _____	<input type="checkbox"/> EDUCATOR	<input type="checkbox"/> OTHER
		<input type="checkbox"/> STUDENT: GRADE LEVEL _____	<input type="checkbox"/> FAMILY: STUDENT NAME _____	<input type="checkbox"/> EDUCATOR	<input type="checkbox"/> OTHER
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