Event Sign-In Sheet – PARTICIPANTS

Date:		Activity Title:			
Start Time:		End Time:		Hours of Service per Participant:	

First Name	Last Name	Your Role (select one)			
		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other
		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other
		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other
		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other
		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other
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		☐ Student: Grade__ # Family attending__	☐ Family: Student Name_____	☐ Educator	☐ Other