

# ATTENDANCE RECORD



Name of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Conducted by: \_\_\_\_\_

02-2019

	NAME	OPTIONAL if you would like to be contacted regarding future programs E-MAIL	*Ethnicity	* Race					* Gender		
			Hispanic/ Latino	White	Black	American Indian/ Alaskan Native	Hawaiian/ Pacific Islander	Asian	Two or More	Female	Male
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**\* 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.**