

Ohio SNAP-Ed Adult Participant Sign-In Sheet – FY 2019

Program Title _____ Facilitator's Name _____

Date _____ Start Time _____ County _____ Delivery Site _____

Please sign your name below and provide an email address (optional). This information will be kept confidential.

NAME	EMAIL (provide if you want to receive information about upcoming programs or other resources)
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NAME	EMAIL (provide if you want to receive information about upcoming programs or other resources)
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