



Program Participation Sign-In Sheet

Activity: _____ Educator: _____
 Location: _____ Activity Date: _____

UGA Cooperative Extension endeavors to obtain information from individuals with whom we work to assure that we are offering our educational programs, assistance, and materials to all people without regard to race, ethnicity, national origin, color, sex, sexual orientation, religion, age, disability, or veteran status. Thank you very much for your help in this matter.

	<i>(W-White, B-Black or African American, A-Asian, N-American Indian or Alaska Native, P-Native Hawaiian or other Pacific Islander, H-Hispanic or Latino)</i>	Gender		Racial Demographic					Ethnicity
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