



Adult Education Facilitator Report Participant Sign-In Sheet

Attendance for _____ Location of Event _____ Date _____

Facilitators _____

Name/ Email Address	Address	Phone #	SU #	Troop #	Level	Position
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Number in attendance: _____ Adults _____ Teens

Race/Ethnic Category (optional): This information is collected for United Ways/Fund and other funding sources.

- Indian or Alaskan Native Asian Black or African American White
- Hispanic or Latino Native Hawaiian or Other Pacific Islander Two or more races

Facilitator's brief description of this event and any pertinent comments/suggestions concerning the education session.



Name/ Email Address	Address	Phone #	SU #	Troop #	Level	Position
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						