

Attendance Log

Roster

Upon completion of the workshop mail Roster & Evaluations along with Program Checklist to
Alice DeFranco

Workshop: English Spanish

Year: _____

Location (including zipcode) _____ **Workshop hours:** _____ AM/PM - _____ AM/PM

Leader Names: _____

NAME Please Print	INITIALS	YEAR of BIRTH	PHONE NUMBER	Date	Date	Date	Date	Date	Date
Last Name, First Name	First---Middle---Last	YEAR		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
1	-----	19 -----							
2	-----	19 -----							
3	-----	19 -----							
4	-----	19 -----							
5	-----	19 -----							
6	-----	19 -----							
7	-----	19 -----							
8	-----	19 -----							

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Last Name, First Name	First---Middle---Last	YEAR		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
9	-----	19 -----							
10	-----	19 -----							
11	-----	19 -----							
12	-----	19 -----							
13	-----	19 -----							
14	-----	19 -----							
15	-----	19 -----							
16	-----	19 -----							
17	-----	19 -----							
18	-----	19 -----							
19	-----	19 -----							
20	-----	19 -----							

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Last Name, First Name	First---Middle---Last	YEAR		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
21	-----	19 -----							
22	-----	19 -----							
23	-----	19 -----							
24	-----	19 -----							
25	-----	19 -----							