



# Virginia Cooperative Extension

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## SIGN-IN SHEET

NAME OF PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

	SIGN IN-NAME	IF FIRST TIME, PHONE NUMBER & EMAIL
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	<b>SIGN IN-NAME</b>	<b>IF FIRST TIME, PHONE NUMBER &amp; EMAIL</b>
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