



Activity:

ACTIVITY SIGN-IN SHEET



Time:

Date:

NPO:

Location:

Conservation Coordinator (CC):

Total Attendees:

Instructor:

Please **PRINT** your name and information as a record of your attendance in this activity. SAWS respects the privacy of all attendees, and does not share personal information (i.e. name, email, address, etc.) with any outside or third party unless required by law.

	PRINT NAME	ADDRESS	ZIP CODE	PHONE NUMBER	EMAIL ADDRESS	SAWS customer? Y/N	Want GardenStyleSA newsletter? Y/N
1					@		
2					@		
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