Participant Sign In Sheet

www.wyostars.org

Directions: All participants in this training must confirm their attendance by signing in on this sheet. Please print legibly! Return to STARS to assure credit for this class.

Name of Class: _____

Name of Trainer(s): _____

Date of Class: _____ Reference Number: _____ Event ID: _____

STARS ID#	Participant's Name	E-mail Address

(Make additional copies of this form as needed.)

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