

ILPTH Attendance Form

Program: <input type="checkbox"/> A Matter of Balance <input type="checkbox"/> Bingocize <input type="checkbox"/> Fit and Strong! <input type="checkbox"/> Tai Chi Other: _____	Organization: _____ Host Site: _____ Workshop ID: _____ Start Date: _____ End Date: _____	Leader #1: _____ Leader #2: _____ Participant Total: _____ Completer Total: _____ Total Contributions: _____
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ID	NAME	Mark <input checked="" type="checkbox"/> for Sessions Attended																							
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