

# Active Choices Attendance Form

**Participant Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Workshop ID:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Leader #1:** \_\_\_\_\_ **Session Day:** \_\_\_\_\_

**Leader #2:** \_\_\_\_\_ **Session Time:** \_\_\_\_\_

Session	Date	Mark <input type="checkbox"/> if Attended
1		
2		
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20		

Required Documents	Mark <input type="checkbox"/> if Rec'd
Reg. Form	
Privacy Policy	
Liability Waiver	
Pre-Survey	
Post-Survey	