



Walk with Ease Attendance Form

Program: Walk with Ease

Workshop Site Name: _____ Workshop ID: _____

Start Date (mm/dd/yyyy): _____ End Date: _____

Leader #1: _____ Leader #2: _____

Total Contributions: _____ Participant Total: _____ Completer Total: _____

ID #	Participant Name	Mark <input checked="" type="checkbox"/> in the box for Sessions Attended. If participant did not attend the session, leave box blank.																		Mark <input checked="" type="checkbox"/> in the box if Rec'd								
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total	Privacy Policy	Liability Waiver	Reg. Form				
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