| Meeting Sign-In Sheet |
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| | Project: | Yellow Shawl Workshop | Meeting Date: |  | | --- | --- | --- | --- | | Facilitator: |  | Place/Room: |  | |

| Name | Role: Parent, Grandparent, Elder, Babysitter, Youth | May we take photos to document your participation in today’s event? YES or NO | Phone | E-Mail |
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