PSA	



## Sign-In Sheet for Healthy Eating Every Day

Date(s):	Phone:
Start Time:End Time:	Funded by:
Location:	#of Participants : # of Completers:
Address:	Name of Instructor(s):

PARTICIPANTS - If any part of the program conflicts with your doctor's advice and recommendations, follow your doctor's instructions.

Participants of this program do so at their own risk.

			Number of Weeks													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14
			Insert date (for example 1/22 in space below each week)													
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