

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.

[illegible]

PSA _____

[illegible]