

Date: _____ Time: _____ to _____

Class / Course: _____

Lead Instructor: _____

Props / Structures Used: _____



Students

#	First Name	Last Name	Department	County	Email
1					
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MAAC Sign In Sheet

#	First Name	Last Name	Department	County	Email
28					
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Instructors

#	First Name	Last Name	Department	County	Email
1					
2					
3					
4					
5					
6					
7					

Training Materials Used - Comments - Issues or Concerns
