

Insert Local Chapter Name here

Insert Event Title

Sign-In Sheet

General/Membership Meeting

Yes No

Executive Board Meeting

Yes No

Other: ___ **Training/Seminar:** _____

Date: _____

Start Time: _____ **End Time:** _____

Meeting Location: _____

Address: _____

City/St/Zip: _____

Print Name	SIGNATURE	E-MAIL ADDRESS	CWC MEMBER	CHAPTER
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Sign-In Sheet Continued: _____ Date: _____

Print Name	SIGNATURE	E-MAIL ADDRESS	CWC MEMBER	CHAPTER
10.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
13.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
14.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
15.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
16.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
17.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
18.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
19.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
20.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
21.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
22.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
23.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
24.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
25.			<input type="checkbox"/> YES <input type="checkbox"/> NO	