Bingocize Attendance Log

Start Date: _ _ /_ _ /_ _ _ _ End Date: _ _ /_ _/ _ _ _ _

Workshop Name: _____

Workshop Address: _____

This log should be filled in by the person delivering the program (e.g. leader/instructor/coach etc.).

Mark ☒ in the box for Sessions Attended. If participant did not attend the session, leave box blank

Participant ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL
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PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0039. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 1 Massachusetts Avenue, N.W., Room 5203, Washington, D.C. 20001, Attention: PRA Reports Clearance Officer