Sign- In Sheet

Vendor _____ Project _____

Facilitator _____ Date: ____/____/____ Time _____

	Initials	Age Group	Sex	Are you Hispanic/Latino?	What is your race? (Mark all that apply)
1		0-13 14-19 20-29 30+			
2		0-13 14-19 20-29 30+			
3		0-13 14-19 20-29 30+			
4		0-13 14-19 20-29 30+			
5		0-13 14-19 20-29 30+			
6		0-13 14-19 20-29 30+			
7		0-13 14-19 20-29 30+			
8		0-13 14-19 20-29 30+			
9		0-13 14-19 20-29 30+			
10		0-13 14-19 20-29 30+			
11		0-13 14-19 20-29 30+			
12		0-13 14-19 20-29 30+			
13		0-13 14-19 20-29 30+			
14		0-13 14-19 20-29 30+			
15		0-13 14-19 20-29 30+			

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ⊘ ⊠ ◒ ◔

RACE RESPONSES

AA = African American or Black
AI = American Indian or Native Alaskan
AP = Asian or Pacific Islander
W = White
O = Other