



ASSOCIATION WORKSITE MEETING

Date: \_\_\_\_\_

**PLEASE SIGN IN**

	NAME	SCHOOL WORKSITE	ADDRESS	CELL PHONE
	HOME E-MAIL ADDRESS	LOCAL OR SCHOOL DISTRICT	CITY, STATE ZIP	HOME PHONE
1	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
2	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
3	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
4	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
5	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
6	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
7	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
8	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
9	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE
10	NAME ----- E-MAIL	SCHOOL ----- LOCAL / DISTRICT	ADDRESS ----- CITY, STATE ZIP	HOME PHONE ----- CELL PHONE

**FAX to 602-240-6887** / Attn: ROXANNA HORINE