

Iowa KidSight Training Session Sign-in-Sheet

 Digital

 MTI


Training Date _____ Training Location _____ Instructor _____

Please **PRINT** your contact information:

| | | | | |
|-------------------|-----------|---------|------|----------|
| First Name | Last Name | Address | City | Zip |
| | | | | |
| Phone | Email | Club | | District |
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|-------------------|-----------|---------|------|----------|
| First Name | Last Name | Address | City | Zip |
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| Phone | Email | Club | | District |
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| First Name | Last Name | Address | City | Zip |
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| Phone | Email | Club | | District |
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| | | | | |
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|-------------------|-----------|---------|------|----------|
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