

**Iowa KidSight Training Session Sign-in-Sheet**  Digital  MTI

Training Date \_\_\_\_\_ Training Location \_\_\_\_\_ Instructor \_\_\_\_\_

Please **PRINT** your contact information:

<b>First Name</b>	Last Name	Address	City	Zip
Phone	Email	Club		District

<b>First Name</b>	Last Name	Address	City	Zip
Phone	Email	Club		District

<b>First Name</b>	Last Name	Address	City	Zip
Phone	Email	Club		District

<b>First Name</b>	Last Name	Address	City	Zip
Phone	Email	Club		District

<b>First Name</b>	Last Name	Address	City	Zip
Phone	Email	Club		District