

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

Page \_\_\_\_

Meeting Location: \_\_\_\_\_

**Sign-in Sheet for In-Person Community Meeting on Body Confidence Advocacy**  
*\*If conducting a virtual meeting, please require contact information upon registration.*

**PLEASE PRINT CLEARLY!**

<b>Full Name:</b>	
Home/Voting Address:	
Phone:	
Email:	
Organization/Title:	
If under age 18, please include birth date:	
<b>Full Name:</b>	
Home/Voting Address:	
Phone:	
Email:	
Organization/Title:	
If under age 18, please include birth date:	
<b>Full Name:</b>	
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