

After workshop, please scan and send this sheet by email to rogersm@apsu.edu or mail to Michelle Rogers, P.O. Box 4718, APSU, Clarksville, TN 37044

Project WET Sign-In Sheet

Date _____

Facilitator _____

Email _____

Location _____

Book distributed:

Project WET Guide _____

Getting Little Feet Wet _____

Healthy Water, Healthy People _____

Other, please list:

Check all that apply:

Check all that apply:

Check all that apply:	Pre-K Teacher	Elementary Teacher	Middle Teacher	High School Teacher	College Instructor	Pre-service (also check intended grade level)	Non-Formal Educator (Ranger, etc.)
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Name (Please Print)	Email (Please Print)
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Date _____

Facilitator _____

Check all that apply:

Check all that apply:

	Pre-K Teacher	Elementary Teacher	Middle Teacher	High School Teacher	College Instructor	Pre-service (also check intended grade level)	Non-Formal Educator (Ranger, etc.)
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Name **(Please Print)**

Email **(Please Print)**

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