**BADGE SIGN IN SHEET**

Nov 2010

 **Note: Individuals MUST attend training to receive a badge. Badges expire to insure that EVERYONE attends training every 3 years.

 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 PLEASE ***PRINT*** YOUR INFORMATION BELOW

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|  | **LEGAL NAME (AS ON DRIVERS****LICENSE OR PASSPORT)** | **Preferred First Name** | **MAILING ADDRESS****(Your badge will be mailed to this address. Include ZIP code.)** |
| **EX** | **William Charles Smith** | **Bill** | **1234 Any Street, Any Town, OK 12345** |
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