**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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