# DrawBridge Art Group
# Attendance Sheet

Facilitator Name: _____

Month & Year: _____

Site: _____

**Please return this form to DrawBridge by the 22nd of the month. Please print clearly**

Use additional lists if necessary. *Questions? Please call us at (415) 444-0930.*

| | | | Date | Date | Date | Date | Date | | |
|---|---|---|---|---|---|---|---|---|---|
| Age | Ethnicity | First, Last Name or Initial | | | | | | New child | Release Form |
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| | | VOLUNTEERS & TEEN ASSISTANTS | | | | | | | |
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AA = African-American; C=Caucasian; L=Latino; ME=Middle Eastern; AS=Asian; PI=Pacific Island.; O=Othe

Updated Mar 09 | | Entered into Database