



LSP-SC MONTHLY MEETING SIGN-IN SHEET

Hosted By: _____ **Meeting Date:** _____

Facilitator: _____ **Location:** _____

First Name	Last Name	Agency & City	Service Area (Ex: Housing, 0-5 Youth)	Phone	Email	Would you like to be an LSP member?	Photo/video permission?
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> -Yes, add my email <input type="checkbox"/> -Already a member <input type="checkbox"/> - Not at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No