Guest Sign In

Date of Meeting ________________________

*Name (Please Print) ______________________________________________________

*Address _______________________________________________________________

Telephone Number (Optional) ______________________________________________

Email Address (Optional) ________________________________________________

*I am 16 years of age or older (circle one)     Yes     No

*Signature ______________________________________________________________

How did you hear about Neighborhood Councils?

☐ Radio   ☐ Print Ad (Inlander) ☐ Other (Please list)____________________________

*Name (Please Print) ______________________________________________________

*Address _______________________________________________________________

Telephone Number (Optional) ______________________________________________

Email Address (Optional) ________________________________________________

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