

United Tribes



Technical College

**EDUCATIONAL
OUTREACH
DEPARTMENT**

Event Participation Form

Date of Breakout Session: _____

Name of Facilitator/Trainer: _____

Name of Breakout Session: _____

Duration of Breakout Session: _____

Participant Name-Attendance Sheet:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

***Facilitator/trainer: Please have all participants sign attendance form.**

Facilitator/Trainer Signature _____