Meeting Name:	Instructor:	찠
Location:	Date:	

THE UNIVERSITY OF ARIZONA
Cooperative Extension
Pinal County

Print Your Name	Adult	Youth	Address/City/State/Zip	Phone	Email	Ethnicity* (optional)

Number of Volunteers:

Number of Volunteer Hours:

*ETHNICITY (Please fill in the appropriate letter.)

<u>W</u> - White (not of Hispanic origin) <u>B</u> - Black (not of Hispanic origin) <u>N</u> - American Indian or Alaskan Native <u>H</u> - Hispanic <u>A</u> - Asian or Pacific Islander

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