

# TONY MAZZOCCHI CENTER

## Participant Sign-In Sheet

For facilitator use only:

Course name:	Date of training:
Facilitators:	Hours of training:
Site:	Grant: DOE EPA OSHA TOP WMD
Site address (including city, state, zip code):	District/Local Union/Organization:

By signing this sheet, the **facilitators** confirm the participants listed on this sign-in sheet demonstrate full proficiency of the learning objectives facilitated in this course and were in full attendance.

Facilitator signature: \_\_\_\_\_

\_\_\_\_\_

Facilitator signature: \_\_\_\_\_

\_\_\_\_\_

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Date: \_\_\_\_\_

By adding your email to this sign-in sheet, you are agreeing to be added to the USW Tony Mazzocchi Center's training email list. You may unsubscribe at any time.

Name	Signature	District	Local union / Organization	Phone	Email address	Mailing address

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