

LCMP Event Sign in Sheet

Date: ___/___/___

Event: _____

Attendees: (if guest, please indicate – GUEST)

- | | |
|-----------|-----------|
| 1. _____ | 24. _____ |
| 2. _____ | 25. _____ |
| 3. _____ | 26. _____ |
| 4. _____ | 27. _____ |
| 5. _____ | 28. _____ |
| 6. _____ | 29. _____ |
| 7. _____ | 30. _____ |
| 8. _____ | 31. _____ |
| 9. _____ | 32. _____ |
| 10. _____ | 33. _____ |
| 11. _____ | 34. _____ |
| 12. _____ | 35. _____ |
| 13. _____ | 36. _____ |
| 14. _____ | 37. _____ |
| 15. _____ | 38. _____ |
| 16. _____ | 39. _____ |
| 17. _____ | 40. _____ |
| 18. _____ | 41. _____ |
| 19. _____ | 42. _____ |
| 20. _____ | 43. _____ |
| 21. _____ | 44. _____ |
| 22. _____ | 45. _____ |
| 23. _____ | 46. _____ |