



Community Youth Development (CYD) Session Sign In Sheet

Service Provider Name: _____ Service Type Provided: _____

Date: _____ Location: _____

Start Time: _____ / End Time: _____

Service Summary: _____

Please print your first and last name clearly.

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



I verify that all listed students attended session on the above date listed.

Provider's CYD Staff Signature: _____

Provider's CYD Staff Full Name: _____



The Community Youth Development Program is funded through a grant from the Texas Department of Family and Protective Services through the City of Austin.



Please print your first and last name clearly.

19.	30.
20.	31.
21.	32.
22.	33.
23.	34.
24.	35.
25.	36.
26.	37.
27.	38.
28.	39.
29.	40.



I verify that all listed students attended session on the above datelisted.

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