Consumer Initiative Fund

CIF Project

ATTENDANCE FORM

Project Name: _____ **Date Range:** _____

	Participant Name (first name, last initial)	Date	Date	Date	Date	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

ATTENDANCE TOTALS

How many unique participants attended? _____

Total attendance count for all dates: _____

(if a participant attended multiple times, include each time in count)

Updated May 2025