

Multifunctional Movements Class - IndeFree Association Course Sign-In Sheet

Course Name: _____ Date: _____ Day (circle) 1 2 3 City/State _____

Course Sponsor: _____ Name of Lecturer(s): _____ Total Hours: _____

	Signature of Licensee	License #	Arrival Time	Depart Time	Departure Signature
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Signature of Course Official _____