



# American Legion Auxiliary

## Department of California

### Leadership Workshop Sign In Sheet

Date \_\_\_\_\_

Name: _____	Unit: _____	District _____	Current Office/Chair : _____	1 <sup>st</sup> workshop : _____	Lunch: _____
Name: _____	Unit: _____	District _____	Current Office/Chair : _____	1 <sup>st</sup> workshop : _____	Lunch: _____
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Instructor: \_\_\_\_\_ Workshop Location \_\_\_\_\_

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