PSA ___

Department of
ELDER AFFAIRS
STATE OF FLORIDA

Sign-In Sheet for A Matter of Balance

Date(s): _____	Phone: _____
Start Time: _____ End Time: _____	Funded by: _____
Location: _____	#of Participants :_____ # of Completers:_____
Address: _____	Name of Instructor(s) :_____

PARTICIPANTS - Before beginning any exercise program it is recommended you consult your physician. If any part of the program conflicts with your doctor's advice and recommendations, follow your doctor's instructions. Participants of this program do so at their own risk.

			Number of Sessions							
			1	2	3	4	5	6	7	8
			Insert date (for example 1/22 in space below each session)							
#	Printed Name	Signature								
1										
2										
3										
4										
5										
6										

PSA ___

			Number of Sessions							
			1	2	3	4	5	6	7	8
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#	Printed Name	Signature								
7										
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9										
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