MICHIGAN DEPARTMENT OF EDUCATION
OFFICE OF HEALTH AND NUTRITION SERVICES
SUMMER FOOD SERVICE PROGRAM

SFSP Training Sign-in Sheet

Sponsor Name: **Date of Training:**

Trainer Name: **Training Location:**

Print Attendee Name	Signed Attendee Name	Attendee Email Address	Site Name	Site Address

Print Attendee Name	Signed Attendee Name	Attendee Email Address	Site Name	Site Address