

**WASHTENAW COUNTY SENIOR NUTRITION PROGRAM  
DAILY ATTENDANCE SHEET**

PLEASE SIGN YOUR FIRST & LAST NAME IN INK

**SITE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTE:** INDIVIDUALS Age 60+ PLEASE SIGN BELOW

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
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24	_____
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26	_____
27	_____
28	_____

29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____

**VISITORS UNDER AGE 60- Sign Below**

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

**SENIOR NUTRITION STAFF UNDER 60- Sign Below**

1	_____
2	_____



OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT

*Collaborative solutions for a promising future*