**MATH NIGHT TEAM MEMBER SIGN IN**

**School Name:**   **Workshop/Training Title:** ; **Location:**

**Date:**

**By signing below, I give permission for photo/video of myself and my child(ren) to be taken and shared with venues such as news media, social media, websites, and conferences by the SCHOOL(S) and The Math for Adults Foundation.**

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| **Name (Please Print)** | **Signature** | **Time In** | **Time Out-****Please turn in lanyard.** | **Hours this week through today** |
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