FAST Families & Schools TOGETHER

Phase I Team Sign-In Sheet

This form does not have to be sent in. It is for the Trainer's and Team Lead's records only.

Date of Phase I Training: _____ **Name of School:** _____

Trainer: _____ **City and State:** _____

Name & Organization	Role on FAST® Team (if applicable)	Check here if present on Day 1	Check here if present on Day 2

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