



Falls Prevention Attendance Form

Program: A Matter of Balance Bingocize Tai Chi for Arthritis and Falls Prevention Fit & Strong!

Bingocize Only- Choose Program Type: Exercise Only Falls Prevention Nutrition Other

Workshop Site Name: _____ **Workshop ID:** _____

Start Date (mm/dd/yyyy): _____ **End Date:** _____

Leader #1: _____ **Leader #2:** _____

Total Contributions: _____ **Participant Total:** _____ **Completer Total:** _____

* If a participant is a previous participant from another workshop, please indicate so by placing a ★ next to the participant's name.

ID #	Participant Name*	Mark <input checked="" type="checkbox"/> in the box for Sessions Attended. If participant did not attend the session, leave box blank.																				Mark <input checked="" type="checkbox"/> in the box if Rec'd								
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