

PA DCNR Educator Sign-in Sheet for Act 48 Hours

Workshop Title: _____

Host Park: _____

Location of Workshop: _____

Name of lead Facilitator: _____

Date (Day 1): _____

Time (Day 1): _____

Act 48 hours (Day 1): _____

(Day 2): _____

(Day 2): _____

(Day 2): _____

Professional Personnel ID	Last Name	First Name	Middle Initial	Email	Email Personal (optional)
Street Address			City, State, Zip		

Professional Personnel ID	Last Name	First Name	Middle Initial	Email	Email Personal (optional)
Street Address			City, State, Zip		

Professional Personnel ID	Last Name	First Name	Middle Initial	Email	Email Personal (optional)
Street Address			City, State, Zip		

Professional Personnel ID	Last Name	First Name	Middle Initial	Email	Email Personal (optional)
Street Address			City, State, Zip		

Reminder! PPID#'s are seven digits long.