## PA State Parks 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):**

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| **Professional Personnel ID** | **Last Name** | **First Name** | **Middle Initial** | **Email** | **Email Personal (optional)** |
|  |  |  |  |  |  |
| **Street Address** | | | **City, State, Zip** | | |
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| **Professional Personnel ID** | **Last Name** | **First Name** | **Middle Initial** | **Email** | **Email Personal (optional)** |
|  |  |  |  |  |  |
| **Street Address** | | | **City, State, Zip** | | |
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| **Professional Personnel ID** | **Last Name** | **First Name** | **Middle Initial** | **Email** | **Email Personal (optional)** |
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****Reminder! PPID#’s are seven digits long.**