

# NEW FRIENDS

## PROGRAM SIGN-IN SHEET



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program type: \_\_\_\_\_

Leader/facilitator: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Age: \_\_\_\_\_

What brings you here? *(check any that apply)*

\_\_\_\_ Survivor (Cancer type: \_\_\_\_\_)

\_\_\_\_ Family, friend, supporter

\_\_\_\_ Visitor

“I live...” *(check any that apply)*: \_\_\_\_ Alone

\_\_\_\_ With other adult(s) \_\_\_\_ With dependents

\_\_\_\_ As a caregiver

I have health coverage *(circle one)*: Yes No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Age: \_\_\_\_\_

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