TIOGA COUNTY
Partnership for
Community Health

SIGN IN SHEET

Many Partnership grants require in-kind contributions. By signing in now you provide us with an important record of in-kind contributions to the Partnership. Please do this at all meetings.

Workgroup Chair: Please return this form to the Partnership office, PO Box 812, Wellsboro, PA 16901

Workgroup: _____ **Date:** _____

Meeting Chair: _____

Location: _____ **Meeting length:** _____

Thank you for joining us!!

Name	Masters	Doctorate	Organization	Email address, if new	Round Trip Miles
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Staff in attendance: