

Faithful Families with Steps to Health



County: _____ Location: _____ Educator Name: _____

PARTICIPANT		SESSIONS								
First Name	Last Name	Session 1 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 2 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 3 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 4 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 5 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 6 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 7 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 8 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader	Session 9 Date: _____ <input type="checkbox"/> STH Educator <input type="checkbox"/> Lay Leader
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