CREATE BETTER HEALTH ADULT CLASS ROLL

Use at the beginning of each class in **FY 2025.**

CREATE BETTER HEALTH SNAP-ED

Please complete this roll with your name and contact information. Your email and phone number will be used for class reminders, follow-up, and SNAP-Ed information. It will not be shared outside of Create Better Health (SNAP-Ed).

Name	Email	Phone Number	Date:	Date:	Date:	Date:

For Office Use Only

Ambassador Name: _____ **Site:** _____ **Class Name:** _____

Extension
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