

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

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name and Email Information**  (Please write preferred form of contact) | **County of residence** | **Age** | **Gender**  (Male / Female) | **Race** (Please check one) | | | | | | **Ethnicity**  Yes or No | **Disability**  Yes or No | **Veteran**  Yes or No |
| M / F | American Indian / Alaskan Native | Asian | Black | Native Hawaiian / Pacific Islander | White | Two or more races | Hispanic / Latino  Y / N | Y / N | Y / N |
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