

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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