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|  | |  |  | **Site:** | |  | |  |  |
|  | |  |  | **Date:** | |  | |  |  |
|  | |  |  | **Program:** | |  | |  |  |
|  | |  |  | **Sheet No:** | |  | |  |  |
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| Please put a mark in the checkbox if participant will be attending tomorrow. | | | | | | | | | | |  |  | | |
| **Name:** | |  | |  | **Signature:** | |  | | | |  |  |
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| Under the Penalties for perjury under State Law, I certify that this report is accurate and complete to the best of | | | | | | | | | | | | | | |
| my knowledge and belief. | | | |  |  | |  | | | |  |  | |
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| **Recorder:** |  | | |  | **Site Manager:** | |  | | | |  |  | |
| **Total Meals:** |  | | |  |  | |  | | | |  |  | |