

# CACFP PROGRAM REQUIREMENTS WORKSHOP ATTENDANCE RECORD

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

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

Institution Name: \_\_\_\_\_  
(do not abbreviate)

Name of person(s) who attended the morning session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person(s) who attended the afternoon session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please send this form with your new agreement. Institutions must attend a training workshop on program requirements before the agreement will be approved.