FLORIDA DEPARTMENT OF EDUCATION
FOOD AND NUTRITION MANAGEMENT
SUMMER FOOD SERVICE PROGRAM
SPONSOR TRAINING SIGN IN LOG

Sponsor Name _____ Training Location_____

Agreement Number _____ Date _____

NUMBER AND NAME OF SITE	SITE ADDRESS	TELEPHONE NUMBER FOR SITE	PARTICIPANT'S NAME (Print Name)	PARTICIPANT'S SIGNATURE

Every site supervisor listed on the site applications must attend your training.

SFSP-A3
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