Regional Arthritis Center/Arthritis Foundation
Arthritis/Chronic Disease Program Participant Attendance Sheet

Title/Offering-Circle One: **AF Aquatics** **AF Exercise** **AF Self Help** **Chronic Disease Self Management (CDSMP)**			**Class Capacity**	**County**
Start Date:	**End Date:**	**Time:**	**Leader/Facilitator:**	
Facility Address				

Participant Name	Have you attended this Program before? YES/NO	Release Signed	Evaluation Completed									D	A	T	E	S					