

COLLEGE GOAL WISCONSIN FAMILY SIGN-IN SHEET

Date of event _____

Location _____

By signing below, I do hereby grant the College Goal Wisconsin organization or anyone from the CGWI organization may designate, full permission to use and reproduce this sign in sheet to verify attendance, in any official publications, on broadcast mediums, or for any legal purpose, all photographs, recordings, and testimonials taken by or submitted to the CGWI organization in which my image, voice, property or writing may appear. I hereby waive all claims to said photography, recordings, and testimonials to subsequent compensation for their use.

Each family member does not need to sign in. Please count the total number attending for each family or who is along with the student.

Name of Student who is filing the FAFSA (Please Print)	Indicate the high school, school district, or college the student attends	Is the student present yes/no	Total Number of Attendees
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Email to: collegegoalwi@gmail.com