

Arts in Corrections – Monthly Attendance Sheet – FY 2017-18

Arts Provider(s): _____ Contract(s): _____ Workshop: _____
 Workshop Title: _____ Facility: _____

Workshop Location: _____ Day of Week: _____ Start Time: _____ # Hours: _____
 Any Changes? Please Describe in the Notes Box Below

Month Covered by this Attendance Sheet: _____ Page _____ of _____

Inmates					Sessions							
<i>*Last Name & CDCR ID # Required</i>					Date->							<-Date
	*Last Name	First Name	*CDCR ID #	Housing	Drop?	Mark if Present - Blank if Not Present					Totals	
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25												
Totals:												

Notes: