



Event Name:		Distributing Agency/Organization:	
Event Coordinator Name:		Event/Activity Target Audience:	
County Distributed In:	Zip Code:	Date:	

Materials Distribution Log

- All tangible items distributed at a presentation or training, require a return of a sign in sheet or registration sheet with a signature for each item distributed. Tangible item examples include helmets and lighted or reflective arm or wristbands.
- For presentation or trainings to youths, please provide their first name, the items they received, and a signature from the person distributing the items that this information is true and correct.
- For presentation or trainings to adults, please provide their full name, the items they received, and a signature from the person distributing the items that this information is true and correct.

Order Number:

Use spaces below to collect signatures. For children collect a first name. For adults, collect full name.

List all items distributed to the individual.

Print Name	Signature	Items Distributed
1.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
2.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
3.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
4.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
5.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
6.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
7.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
8.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
9.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
10.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
11.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
12.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
13.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
14.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
15.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
16.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
17.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other:
18.		<input type="checkbox"/> Helmet <input type="checkbox"/> Other: