Wood County M.A.S. Educational Event Verification Form*

This form is to be used for events, workshops, and online learning opportunities Name _____ Age _____ Club/Organization _____ Name of Event/Workshop/Online Location of the Event/Workshop/Online _____ Event/Online Date ______ Event Length (Hours) _____ **Topics Covered** 5 things I learned at this event. 1._____ Indicate **2 ways** how you will use this information in your project. Parent Signature: Printed name Signature _____

Submit this form as a screenshot or attachment to your Market Sale Google Classroom for the event you are seeking credit for

*Adapted with permission from Sauk County UW Division of Extension