UNIVERSITY OF ARIZONA

LP4H form 14

COOPERATIVE EXTENSION – LA PAZ COUNTY

_____ _____ _____

Workshop/Activity Location Date

NAME **Please print clearly**	Age	Grade	**MALE**	**FEMALE**	**ETHNIC BACKROUND**						
					White	**Black or** African American	**American** Indian or Alaskan	**Hispanic** Latino	**Not** Hispanic or Latino	**Native** Hawaiian or Other Pacific Islander	**Asian**

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