

Registration and Attendance of Empowerment of Girls Workshop

City: _____

State: _____

Address of Venue: _____

Date: ___ to ___/___/20___

Name of Organizer: _____

Name of Trainer: _____

Sr. No.	Name of Participant (In capital letters)	Mobile No.	email ID	Mobile No. of Parents	Attendance	
	First Name & Last Name				Day 1	Day 2
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						