Greater Newport Area Vision 2040 Project Sign-Up Sheet

Event Name: _____

Date: _____

Name	E-mail Address	Phone Number	Affiliation (If Any)	Add to project mailing list?	Like to volunteer for project activities?
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No
				❑ Yes ❑ No	❑ Yes ❑ No