

Keep in a secure, locked location separate from data collection forms.

Registration

### LIFE Program

#### Participant Registration Form

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program Site: \_\_\_\_\_

Please create a participant code number by filling in the following boxes. This will help us compare responses before and after your LIFE program experience. This code will not be used to identify you as an individual, but rather link up your pre and post surveys.

Example: Story, Becky Jean Kroll, born on October 15

First three letters of the county in which you reside	FIRST letter of your first name	FIRST letter of your middle name	LAST letter of your last name	Month of your birth date	First digit of your day of birth
STO	B	J	L	10	1

Please write your code number below:

First three letters of the county in which you reside	<u>FIRST</u> letter of your first name	<u>FIRST</u> letter of your middle name	<u>LAST</u> letter of your last name	Month of your birth date	First digit of your day of birth