

Boots to Business – SBA Sign-in Sheet



Name		Gender	Ethnicity		Military Branch & Civilian Status			Paygrade/Spouse/Dependent	
1	Last, First: Email:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Army Guard <input type="checkbox"/> Air Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Dep	<input type="checkbox"/> E1 to E5 <input type="checkbox"/> E6 to E9 <input type="checkbox"/> W1-W5	<input type="checkbox"/> O1 to O3 <input type="checkbox"/> O4 to O6 <input type="checkbox"/> Other <input type="checkbox"/> Spouse/Dep
2	Last, First: Email:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Army Guard <input type="checkbox"/> Air Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Dep	<input type="checkbox"/> E1 to E5 <input type="checkbox"/> E6 to E9 <input type="checkbox"/> W1-W5	<input type="checkbox"/> O1 to O3 <input type="checkbox"/> O4 to O6 <input type="checkbox"/> Other <input type="checkbox"/> Spouse/Dep
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5	Last, First: Email:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Army Guard <input type="checkbox"/> Air Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Dep	<input type="checkbox"/> E1 to E5 <input type="checkbox"/> E6 to E9 <input type="checkbox"/> W1-W5	<input type="checkbox"/> O1 to O3 <input type="checkbox"/> O4 to O6 <input type="checkbox"/> Other <input type="checkbox"/> Spouse/Dep
6	Last, First: Email:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Army Guard <input type="checkbox"/> Air Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Dep	<input type="checkbox"/> E1 to E5 <input type="checkbox"/> E6 to E9 <input type="checkbox"/> W1-W5	<input type="checkbox"/> O1 to O3 <input type="checkbox"/> O4 to O6 <input type="checkbox"/> Other <input type="checkbox"/> Spouse/Dep
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SBA DISTRICT OFFICE USE ONLY (ROLL-UP COUNT; TOTAL ALL SHEETS)

Date: _____ City/State Location: _____ Installation Name: _____

Total Class #	Instructor Name(s)	Total Gender	Total Ethnicity		Military Branch/Civilian Status			Total Paygrade/Spouse/Dependent	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Army Guard <input type="checkbox"/> Air Guard <input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Dep	<input type="checkbox"/> E1 to E5 <input type="checkbox"/> E6 to E9 <input type="checkbox"/> W1-W5	<input type="checkbox"/> O1 to O3 <input type="checkbox"/> O4 to O6 <input type="checkbox"/> Other <input type="checkbox"/> Spouse/Dep

SBA Representative/Resource Partner, please fax/email completed form(s) within 48 hours to the Office of Veterans Business Development, as directed below:
 Ms. Ramona Peyton – Fax: 202-481-4964 or email: ramona.peyton@sba.gov • Mr. Brian Goodrow – Fax: 202-481-4585 or email: brian.goodrow@sba.gov