KICK KENTUCKY CANCER

Date: _____ **Lesson Name:** _____ **Location:** _____

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Name (first and last)	Age	Address City, State, Zip	Email	Phone No.	Race *	Gender **	Hispanic ***

*W = White, B = Black or African American, A = Asian/Pacific Islander, N = Native American/Alaska Native, O = Other/More than one race,   ** M = Male, F = Female   ***Y = Yes, N = No

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