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| **Due Dates (Room 116A):*** **September and October - Friday November 3, 2017**
* **November to January - Friday February 2, 2018**
* **February to June - by Friday June 8, 2018**
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| List each of your activities for the month of **September** | Hours  | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
| List each of your activities for the month of **October** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
| List each of your activities for the month of **November** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
| List each of your activities for the month of **December** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Phone # |
| 4) |  | Email/Title |
| List each of your activities for the month of **January** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |

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| List each of your activities for the month of **February** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
| List each of your activities for the month of **March** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Phone # |
| 4) |  | Email/Title: |
| List each of your activities for the month of **April** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
| List each of your activities for the month of **May** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |
|  List each of your activities for the month of **June** | Hours | Name of Teacher, Coach, Parent, or other Adult Supervisor |
| 1) |  | Name |
| 2) |  | Signature |
| 3) |  | Title |
| 4) |  | Phone # |
| 5) |  | Email |