ACLC Monthly Independent P.E. Activity Form

Month_____

Year_____

Last Name: _____

First Name: _____

Grade: _____

Date	Organization	Activity	Hours

Total Hours =

Organization: _____
Total Time: _____ Phone# _____
Parent / Coach / Trainer Signature: _____
Date: _____

Organization: _____
Total Time: _____ Phone# _____
Parent / Coach / Trainer Signature: _____
Date: _____

Organization: _____
Total Time: _____ Phone# _____
Parent / Coach / Trainer Signature: _____
Date: _____