

Collegiate School
Physical Education Department
(out of school activities)

Name: _____ **Grade** _____ **Date** _____

Activity: _____

Sponsoring Organization: _____

Where activity will be performed: _____

Schedule; Days and Time: _____

Term that you would like to receive credit: _____

Supervisor's name (please print): _____

Signature of supervisor: _____

Position: _____

Telephone# and email address: _____