

Date of Game	Type of Sport	Grades	Activity	Rate per Game	Total Games Worked	Game #'s	Hours Worked (From/To)	Total Amount Due
							L	
							L	
							L	
							L	
							L	
							L	
							L	
							L	
							L	
							L	
							L	

Sports Help Printed Name

Principal's Signature

Sports Help Signature

Athletic Director's Signature

****THIS FORM MUST BE TURNED INTO THE ATHLETIC DIRECTOR WITHIN 24 HOURS OF THE DAY(S) WORKED****