

ACTIVITY LOG SHEET

For every day of physical activity, please put the date, specific activity and time. The provider must also initial each date.

Student's Name (please print)

Campus

Grading Period Dates

Activity Site

Provider (please print)

Provider's Signature

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours
<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	<input type="checkbox"/> Start Time: End Time:	
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