Lakewood S.T.a.R. Achievement Club
Civics Form

BASIC INFORMATION

Student Name:		**Student Grade: (Circle One)**	**6th 7th 8th**
Name of Event:		**Location of Event:**	
Community: (Circle One)	**Lakewood or Salina**	**Date of Activity** **Time of Activity**	_____ / _____ / _____ _____ : _____ **am / pm**

SUMMARY OF EVENT

Summarize what your event was about.
Summarize your involvement / knowledge gained from attending.

AUTHORIZED SIGNATURE

Signature of Verification (Adult authorized at event)	