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:_________________________