



**PHYSICAL EDUCATION – 2017-2018
ALTERNATE ACTIVITY RECORD & HOURS LOG**

Student Name: _____

Grade Level: _____ Advisor: _____

*Name of Alternate Activity: _____

*Name of Supervisor/Instructor/Coach: _____

Supervisor/Instructor/Coach *IS NOT* my Parent/Guardian

Supervisor/Instructor/Coach *IS* my Parent/Guardian

*Name of Organization: _____

*Address: _____ City, State, Zip: _____

Telephone: _____ [- Required Fields]

Supervisor/Organization Email Address: _____

Brief Description of Activity: _____

[FOR ATHLETIC DIRECTOR USE ONLY]

HOURS ACCEPTED: _____ TOTAL # HOURS CREDITED ON THIS FORM: _____

HOURS DENIED _____ REASON FOR DECLINATION: _____

SIGNATURE: _____ DATE: _____



GATEWAY HIGH SCHOOL

<i>Date</i>	<i>Start Time</i>	<i>End Time</i>	<i>Total Hours</i>	<i>Performance</i>	<i>Supervisor's Signature</i>

Total Hours on this Form: _____