



BCCA Parent Participation Program

FAMILY ID# _____

2017-2018 Tracking Sheet

Parents are responsible for completing this form for each activity, having it signed off by the event leader and returning the completed form to the office for tracking.

Participant's Last Name: _____ First Name: _____

Student's Name: _____ Grade: _____

Date of Activity: _____ Total Hours: _____

Activity/Duties: _____

Supervisor or Activity/Event Leader Name: _____

Participant's Signature: _____

Leader/Supervisor Signature: _____

OFFICE USE ONLY: Hours Entered in Database	Yes	No
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