



Extracurricular Activity Proposal
Activity outside of MAMS or Sending School

This section is to be completed prior to your Extracurricular Activity.

Student Name: _____ **TERM** _____

Proposal: _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

Contact Phone Number: _____

Signature of Director: _____

This section is to be completed at the conclusion of your Extracurricular Activity.

I _____ **certify that this student has completed** _____ **hours**
Coach/mentor's signature min 10 hours

Coach/mentor's Comments:

Student's signature

The following criteria were met by this extracurricular activity:

- Meeting/practice times and games/performances/competitions
 - Supervision by an adult coach/mentor
- *Attach a schedule to this proposal