

Annual Co-Curricular Planning and Accomplishments

Leader : _____ School / Activity: _____ Date: _____

Pre-activity Meeting with Advisor (Regular season dates/ Meeting Times/ Place) :

Is this a new or existing activity?

- YES*
- NO

Does this activity have a postseason?

- NEW
- EXISTING

Does this activity have a postseason?

- YES*
- NO

***Leave and travel reimbursements requests must be submitted to and approved by the ASB.**

Describe postseason activity/ Summer obligations: _____

Summary of plans for activity/ group: _____

Year End Summary:

Participant attendance (attach attendance sheets)

Were attendance standards met?

- yes
- no

Overall Summary of activity & accomplishments:

Did you complete all the requirements of the activity?

- yes
- no If not, please describe why: _____

Activity Leader signature

Date