



## Youth Lesson Sign-In Sheet

Overlay Name: \_\_\_\_\_ Trainer Name: \_\_\_\_\_

Date: \_\_\_\_\_ OST Site: \_\_\_\_\_ Group #: \_\_\_\_\_ Lesson #: \_\_\_\_\_

*\* Youth must sign their own name below to show attendance / participation in the overlay program lesson.*

1.	15.
2.	16.
3.	17.
4.	18.
5.	19.
6.	20.
7.	21.
8.	22.
9.	23.
10.	24.
11.	25.
12.	26.
13.	27.
14.	28.