

Youth Lesson Sign In Sheet

Overlay Name: _____ Instructor(s) Name: _____

Date: _____ OST Site: _____

Group # _____ Lesson Number: _____

Youth must sign their OWN NAME below to show attendance / participation in the overlay lesson

	Name	Age		Name	Age
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		