Idaho 4-H Shooting Sports Activity Log

Date:	Discipline / Activity: _	Discipline / Activity:			
Instructor(s) Present	:				
Duties Performed:					
Members:					
Name	Phone Number	Present (sign in)	Excused	Absent	
Parent's Name	Any Duties Perform	mad			
Tarene s Name	Any buties remon	Any buttes renormed			
Safety Check Comple First Aid Kit Available		sk Management Plan/Response Recess to Health Forms/Liability Wai		No	
Unusual Occurrence:					
Injuries (attach repor	rt):				
Other Comments:					
Instructor's Signature					