

PLEASE RETURN TO MRS. BELARDO IN RM.320 by _____

YORKTOWN HIGH SCHOOL NHS ACTIVITY SHEET

NAME: _____ TEL # _____

EMAIL _____

Advisors must SIGN that you are an ACTIVE PARTICIPANT.

In-school Activity

Advisor's Signature

Out of School Activity

Advisor's Signature

Name _____
Address _____
Tel # _____

Name _____
Address _____
Tel # _____

Name _____
Address _____
Tel # _____

PLEASE NOTE:

Activities can include clubs, sports, organizations, or work experience as long as there is an advisor or supervisor who can sign you were an active participant. Please include only those activities in which you have been engaged during high school years.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENTAL SIGNATURE: _____ **DATE:** _____