

## ACTIVITIES LIST

NAME OF ACTIVITY:

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DAYS OF ACTIVITY:

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NAME OF PERSON IN CHARGE OF ACTIVITY:

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EMAIL OF PERSON IN CHARGE:

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PHONE NUMBER OF PERSON IN CHARGE:

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ALTERNATIVE PHONE NUMBER:

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IS THIS ACTIVITY YEAR-ROUND (CIRCLE ONE)    YES    OR    NO

IF YOU GO AWAY WHO IS NEXT IN CHARGE?

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Please give to Raina at Sales Office**