



Internship Report

Your Name

P.O. Box 1501, Tavares, Florida 32778

Phone: (352) 434-5025

Place of Internship	
Address:	
Contact Person:	Phone #:
Date of Internship:	Hours of Internship:
Purpose of Internship:	
Brief Description of Day's Activities:	
Other Comments:	
Leadership Participant Signature:	Date:
Signature of Internship Sponsor:	Date:
Acknowledged (Board of Regents)	Date: