ATTACHMENT B

Miami-Dade County Public Schools
giving our students the world

Weekly Contact Log

CHALLENGE ROPES COURSE MANAGER

Name of Manager: _____ **Report for Week of** _____

Name of School Site: _____

SERVICE	DATE	TIME		LOCATION OF SERVICE	TOTAL		COMMENTS
		FROM	TO		HOURS	MINUTES	

I certify that these services have been rendered.

Total for this page_____

Challenge Ropes Course Manager (Signature) Date

School Site Adminstrator or Designee (Signature) Date