



School _____ Site Visit Time & Date _____

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Please complete the following information.

Activity:	Date:	Approximate Cost:	Completed?	Entered into MIMS?
1.			Y N	Y N
2.			Y N	Y N
3.			Y N	Y N
4.			Y N	Y N
5.			Y N	Y N
6.			Y N	Y N

2. List your planned Field Trips/Guest Speakers/Workshops.

3. List your planned Leadership Activities.

Activity:	Date:	Approximate Cost:	Completed?	Entered into MIMS?
1.			Y N	Y N
2.			Y N	Y N
3.			Y N	Y N
4.			Y N	Y N

4. List your planned Service Learning Activities.

Activity:	Date:	Approximate Cost:	Completed?	Entered into MIMS?
1.			Y N	Y N
2.			Y N	Y N
3.			Y N	Y N
4.			Y N	Y N



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5. List your planned Fundraising Activities.

Activity:	Date:	Approx. Cost:	Completed?	Entered into MIMS?
1.			Y N	Y N
2.			Y N	Y N
3.			Y N	Y N

Advisor Comments:

Regional Coordinator Comments:

Advisor(s) Signature	Date	Administrator Signature Date Regional Coordinator Signature Date

****Administrator Signature required.****