OPOTC STUDENT SIGN-IN SHEET

SCHOOL NAME _____ SCHOOL NUMBER _____ DATE _____

TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H

TOTAL HOURS FOR THE DAY: _____

WORKING GROUP (A,B,C, etc.)	STUDENT NAME (List alphabetically w/in each working group)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT

INSTRUCTOR "A" SIGNATURE/CERT

INSTRUCTOR "B" SIGNATURE/CERT

INSTRUCTOR "C" SIGNATURE/CERT

INSTRUCTOR "D" SIGNATURE/CERT

INSTRUCTOR "E" SIGNATURE/CERT

INSTRUCTOR "F" SIGNATURE/CERT

INSTRUCTOR "G" SIGNATURE/CERT

INSTRUCTOR "H" SIGNATURE/CERT

COMMANDER SIGNATURE

COMMENTS _____