

**PLEASE RETURN TO MRS. BELARDO IN RM.320 by MARCH 12**  
**YORKTOWN HIGH SCHOOL NHS ACTIVITY SHEET**

NAME: \_\_\_\_\_ TEL # \_\_\_\_\_

EMAIL \_\_\_\_\_

Advisors must SIGN that you are an ACTIVE PARTICIPANT.

**In-school Activity**

**Advisor's Signature**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Out of School Activity**

**Advisor's Signature**

_____	Name _____
	Address _____
	Tel # _____
_____	Name _____
	Address _____
	Tel # _____
_____	Name _____
	Address _____
	Tel # _____

**PLEASE NOTE: PRINT IN INK**

Activities can include clubs, sports, organizations, or work experience as long as there is an advisor or supervisor who can sign you were an active participant. Please include only those activities in which you have been engaged during high school years. Parents can not be considered as advisors unless they are in an official capacity with a recognized organization( ex. Girl Scout Leader).

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_