

SECTIONAL CREDIT FORM

****REQUIRED: 60 TOTAL MINUTES/MONTH****

Band: _____ Section: _____

Sectional Date: ____/____/____ Credit for the month of: _____

Time: _____ to _____ Total Duration: _____

Where did the sectional take place? _____

Signature of parent witness (*if not done at school*):

_____/_____
Signature *Date*

Attendance (also list and signify those that were absent):

NAME	Circle One	NAME	Circle One
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent
	Present / Absent		Present / Absent

List and describe the things that were worked on in your sectional:
