

NEW LEXINGTON ATHLETIC TIME SHEET

Name _____ Supplemental _____

MONTH

Day	Date	Total Hrs.	Day	Date	Total Hrs.
Sun			Sun		
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thurs			Thurs		
Fri			Fri		
Sat			Sat		
Sun			Sun		
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thurs			Thurs		
Fri			Fri		
Sat			Sat		
Sun			Sun		
Mon			Mon		
Tues			Tues		
Wed			Wed		
Thurs			Thurs		
Fri			Fri		
Sat			Sat		

Coach/Advisor Signature _____

Approved By _____ Supt. _____ Date _____