Falcon Ambassador Log-In Sheet

Name_____

Event_____ **Date of Event**_____

Time Started _____ **Time Ended** _____

Total Hours Logged_____

Signature of Event Coordinator:_____

Comments or Questions:
(How event went/ suggestions for improvement/ etc.)

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*** Please return this form when completed, to Mrs. Medick in the copy room office, across from the auditorium. Thank you.**