

## Extra-Curricular Activities Verification Form

Student Name: \_\_\_\_\_

Name of Activity	Date Activity Begins	Date Activity Ends	Days and Times of Practice	Days and Times of Games/Performance	Coach/Contact Person for Activity	Coach/Contact Person Phone Number and Email Address

**I understand that I must return this completed form to my Upward Bound academic advisor as soon as possible to avoid penalties associated with missing Upward Bound events. Additionally, if any extracurricular activity I am involved in has a calendar of events/ practices, I understand that I must turn in a copy of this calendar along with this form. If at any time this list of activities changes during the school, year, I understand that I must request another form from my advisor to add or subtract additional activities.**

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

UB Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_