CHAMPS/LIFE SKILLS CHALLENGE ACTIVITY FORM

Category: (circle one) Community Outreach Team Enhancement

Personal Enhancement Athletes Supporting Athletes SAAC Leadership Above and Beyond

Athletic Team_____

Contact Person_____ Phone number_____
(contact person must have a phone number)

Date(s) of Event or Activity_____ _____

Number of student-athletes who participated_____

Description of the event:

_____

_____

_____

Who Attended **(use back of sheet if necessary**): Must have name

Name

ATTACH DOCUMENTATION VERIFYING ACTIVITY.
Must include official's printed name, signature, and number of participants for team activity.

Return these forms during the next monthly SAAC meeting.