# SPRING 2014 FVHS THEATRE
# PARENT HOURS PARTICIPATION RECORD

**Student Name_____ Phone #_____**

| DATE | ACTIVITY | CHAIRMAN'S NAME | CHAIRMAN'S SIGNATURE | HOURS |
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Parents are resonsible for having this sheet signed by the chairman upon completing each activity. Turn this form into the black Theatre mailbox (on the wall in the theatre room) when 10 hours have been completed. Each booster meeting you attend counts as one hour so be sure to put them on the form.

**OR**

If you **cannot** work the 10 hours, please sign below and return with payment:

***I understand that I will be charged and agree to pay the $150.00 Parent Hours Contribution***

**Signed:_____Dated:_____**