

LAUSD Healthy Schools Campaign Poster Contest

Sign-In Sheet

School _____ Teacher _____ Date _____

Student Name	M/F	Student Name	M/F
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

After School Staff Teacher - please submit this form with the winning poster to the BTB Field Office as documentation that the program was taught at the school to these students.