

**NAME**

**Bala Cynwyd Middle School**

***See attached for details…***

**X**

**BC Applause Theatre**

**HOURS**

**DATE**

**LMSD Time Report - Specific Hours**

**NAME**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Dates of Service:(Month/date/year) | Service Details | Total Hours(for the day) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**HOURS**

**TOTAL HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**