

Department _____ Leader Name _____ Leader Name _____

Name	Phone	DOB	June					July				August					September				October	
			1	2	3	4	5	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2

1st Few Names are the Leader's Names. Place either a #1 or #2 in the box next to their name based off of the number of services they attended that Week

Department _____ Leader Name _____ Leader Name _____

Number	
3	4

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