Class Number
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## **CARE Instructor Time and Activity**

Date:			Location:			
ACTIVITY	HOURS	MILEAGE	ACTIVITY	HOURS	MILEAGE	
Preparation:			Preparation	:		
Classroom:			Classroom:			
Field Trip:			Field Trip:			
Travel:			Travel:			
Total Hours:	Total Miles		Total Hours:_	Total Miles	:	
Instructor: (prin	t name)		Instructor: (pi	rint name)		
Instructor Signat	ture		Instructor Sign	nature		
Circle One: C	Chief Certified	Team Member	Circle One:	Chief Certified	Team Membe	
ACTIVITY	HOURS	MULTACE	ACTIVITY	HOURS	NAU FACE	
	поокз	MILEAGE		HOURS	MILEAGE	
Preparation:			Preparation: Classroom:	•		
Classroom:						
Field Trip: Travel:			Field Trip: Travel:			
	Total Miles			Total Miles		
Total Hours: Total Miles: Instructor: (print name)				Total Hours: Total Miles: Instructor: (print name)		
	ture			nature		
	Chief Certified			Chief Certified		
ACTIVITY	HOURS	MILEAGE	ACTIVITY	HOURS	MILEAGE	
Preparation:			Preparation	Preparation:		
Classroom:			Classroom:	Classroom:		
Field Trip:			Field Trip:			
Travel:			Travel:			
Total Hours: Total Miles:			Total Hours:	Total Hours: Total Miles:		
Instructor: (print name)			Instructor: (pi	Instructor: (print name)		
Instructor Signat	ture		Instructor Sign	nature		
Circle One:	Chief Certified	Team Member	Circle One:	Chief Certified	Team Membe	