

IRON FIST STUDENT TEACHING HOUR SHEET

STUDENT NAME:	RANK:	AGE:
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**PLEASE WRITE NUMBER OF CLASSES TAUGHT*

MONTH/YEAR:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY	TOTAL
WEEK 1						
WEEK 2						
WEEK 3						
WEEK 4						
WEEK 5						
TOTAL						

***PLEASE TURN YOUR SHEET IN TO THE OFFICE AT THE END OF THE MONTH.**

MASTER PATRICK'S SIGNATURE:

DATE: