



# Christian Institute of Arts & Sciences

2007 North 61st Avenue \* Pensacola, FL 32506 \* Fax 850-458-5132 \* Phone 850-457-4058



## PHYSICAL FITNESS RECORD

DATE	HRS:MINS	ACTIVITY
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Total Hrs.	:	

I certify by my signature that the above hours of \_\_\_\_\_ were completed as recorded.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Semester: 1  2  Summer

Quarter: 1  2  3  4