**NAME OF ACTIVITY: DAY: \_\_\_\_\_\_\_\_\_\_\_**

 **TIME: \_\_\_\_\_\_\_\_\_\_**

Leading the activity, who is in charge?

Length of time of activity:

Prep time needed:

The following materials are needed (name of item and quantity):

1.

2.

3.

4.

5.

6.

7.

8.