YOUTH SERVICES
Monthly Sign In Card

Name and Rank _____ UNIT _____

Amount Due: _____ Paid: _____
(amount/date/initials)

Month

Form of Payment Check____ Cash____

Receipt #_____

DATE	NAME/AGE	IN	OUT	INITIALS	DATE	NAME/AGE	IN	OUT	INITIALS
1.					9.				
2.					10.				
3					11.				
4					12.				
5.					13.				
6					14.				
7					15.				
8					16				

TOTAL HOURS_____ TOTAL HOURS_____

MONTHLY TOTAL_____

EMERGENCY NUMBERS: _____

COMMENTS _____

_____

_____

YOUTH SERVICES
Monthly Sign In Card

Name and Rank _____ UNIT _____

Amount Due _____ Paid: _____
(amount/date/initials)

Month _____

Form of Payment: Check_____ Cash____

Receipt #_____

DATE	NAME/AGE	IN	OUT	INITIALS	DATE	NAME/AGE	IN	OUT	INITIALS
17.					25.				
18.					26.				
19.					27.				
20.					28.				
21.					29.				
22.					30.				
23.					31.				
24.									

TOTAL HOURS_____ TOTAL HOURS_____

MONTHLY TOTAL_____

EMERGENCY NUMBERS: _____

COMMENTS _____

L 152 Army—Fort Sill, Okla.