



# CITY OF Ballwin Youth Movement Log

( Drop off at The Pointe Welcome Desk, email (mstruemph@ballwin.mo.us) or fax to 636.207.2330 attention: Matt Struemph)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DATE	BRIEF ACTIVITY DESCRIPTION	TIME (MIN)	PARENT'S INITIALS
<b>Total Time:</b>			

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