WEEKLY MEETING LOG

For the week of: (Saturday)_____ through (Friday)_____.

		(mo./day/year)			(mo./day/year)			
	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
1st Meeting								
2nd Meeting								
3rd Meeting								
	 Please write in the dates of the beginning and ending days of the week (Saturday to Friday). Please ask the meeting secretary to initial or stamp on the day you attend. Number of meetings per week contractually agreed upon: I am in compliance with my contract (circle Yes or No): YES NO 							
	FIRST NAME:							

Transmit this form by facsimile every Friday, by 5:00 pm to 808-593-8999.

If you have any questions or need assistance, please call 808-593-7444.