Sponsor CNIPS #:_____ Sponsor:_____ Site CNIPS #:_____ Site:_____

Name:_____

Enrichment Activity (Tutoring, physical activity, club, etc.)	**Supervisor/Leader/Instructor Name**	**Location** (Library, gym, classroom, etc.)	**Day(s) of the Week**	**Time** Begin/End	**Age Range** Infant, PreK, Elem., Middle, High

9. Enrichment Activities I certify that all information on this Site Information Form is true and correct.

I certify that all information on this Site Information Form is true and correct.

_____ _____

Signature of Authorized Representative Title

_____ _____

Printed Name Date