

WCMCA HEAD START INKIND USAGE SHEET FOR CENTER SPACE

Month _____ Center Town & Name _____

Date	Cafeteria (# of hours)	Gymnasium (# of hours)	Play Field (# of hours)	Other Space (# of hours)
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				
11 th				
12 th				
13 th				
14 th				
15 th				
16 th				
17 th				
18 th				
19 th				
20 th				
21 st				
22 nd				
23 rd				
24 th				
25 th				
26 th				
27 th				
28 th				
29 th				
30 th				
31 st				

Staff Signature _____ Date _____ Describe Other Space _____