AARP Driver Safety Program
District Activity Report

For: _____
(Month) (year)

Coordinator Name: _____ **District#:** _____

Instructor Names	Class Expenses	Date of Class	Number of Students
Totals=			

NOTE: FOR EXCEL ENTER ALL VALUES IN GREEN COLUMNS

For those using the Excel version of this sheet, mathematical computations at bottom are automatic.

Complete and forward to Zone Coordinator by **10th of the Month following Report Period.**

ZCs compile all District Reports into the Zone report (SC2) and forward it to the State Coordinator by **15th of the month following Report Period.** SC1 forms do NOT need to be forwarded to the SC