



Servis1st Bank First Light Marathon School Program Individual Progress Chart

Name: _____
 School: _____
 Teacher: _____ Grade: _____

As you prepare to complete the Servis1st Bank First Light Marathon on January 11, 2015, please record the dates when you completed miles 1 through 25. Once you have completed 25 miles, have a parent, guardian, or teacher sign below. Give your completed form to your teacher.

mile	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
date																										

I am proud to verify that _____ completed 25 miles in preparation for finishing
 the Servis1st Bank First Light Marathon. (student's name)

Signature (Parent, Guardian, Teacher): _____ Date: _____

Next step: See you at the 1.2 mile Fun Run, Sunday, January 11, 2015!