



# Apollo PTA Read-A-Thon

## MINUTE TRACKING FORM

Name (first & last): \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Reading goal: \_\_\_\_\_

Remember your goal is to read 20 minutes or more per day for a 20-day period. Remember to be HONEST with your minutes so it will be fair and fun for everyone. Record your minutes in the boxes below each day and have your parent initial. Please turn this form in on April 7<sup>th</sup> in your original envelope provided. Please contact [vpfundraising@apollopta.org](mailto:vpfundraising@apollopta.org) for any questions.

<b>Date: 3/13</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/14</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/15</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/16</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/17</b> Total Minutes: _____ Parent Initials: _____
<b>Date: 3/20</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/21</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/22</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/23</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/24</b> Total Minutes: _____ Parent Initials: _____
<b>Date: 3/27</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/28</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/29</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/30</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 3/31</b> Total Minutes: _____ Parent Initials: _____
<b>Date: 4/03</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 4/04</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 4/05</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 4/06</b> Total Minutes: _____ Parent Initials: _____	<b>Date: 4/07</b> Total Minutes: _____ Parent Initials: _____