ASHORE VIDEOTAPE PROGRAM MONTHLY ATTENDANCE WORKSHEET

SUPPORTING DIRECTIVE BUPERSINST 1710.15A

DATE	MOVIE TITLE	ATTENDANCE		TOTAL
		ADULT	CHILD	
	TOTAL			

VERIFIED BY: (LAST NAME, FIRST NAME, MI)

THIS IS FOR ON-SIRE USE ONLY. DO NOT RETURN TO NAVY MOTION PICTURE SERVICE.