COMMUNITY SERVICE HOURS

| Name of Student | Grade | Supervisor's Signature | Date of Activity | # of Hours |
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| Description of Activity : | | | | |
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| PLEASE SUBMIT FORM TO: | | | | |
| Ardis | | | | |
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COMMUNITY SERVICE HOURS

| Name of Student | Grade | Supervisors Signature | Date of Activity | # of Hours |
|-------------------------------|-------|-----------------------|------------------|------------|
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| Description of Activity : | | | | |
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