

All Saints Central High School – Community Service Record
PLEASE PRINT

Name: _____
Grade: _____ Date of Service: _____
Hours Completed: _____
Organization: _____
Activity: _____
Representative of Organization: _____
(Please Print Name)
Signature of Representative: _____

*This slip **MUST** be signed by a member of the organization of participation.*

Office Use Only / Recorded: _____ By: _____ (int.)

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