All Saints Central High School – C	Community Se	ervice Record
PLEASE PRINT		

Name:	Name:	
Grade: Date of Service:	Grade: Date of Service:	
Hours Completed:	Hours Completed:	
Organization:	Organization:	
Activity:	Activity:	
Representative of Organization:	Representative of Organization:	
Signature of Representative:	Signature of Representative:	
This slip MUST be signed by a member of the organization of participation.	This slip MUST be signed by a member of the organization of participation.	
Office Use Only / Recorded: By: (int.)	Office Use Only / Recorded: By: (int.)	

All Saints Central High School – Community Service Record **PLEASE PRINT**

Name:		Name:
Grade: Date o	f Service:	Grade:
Hours Completed:		Hours Completed
Organization:		Organization:
Activity:		Activity:
Representative of Organization:		Representative of
Signature of Representative:		Signature of Rep
This slip MUST be signed by a member of the	e organization of participation.	This slip MUST be sign
Office Use Only / Recorded:	By: (int.)	Office Use Only / Reco

All Saints Central High School – Community Service Record **PLEASE PRINT**

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 t	the organization of p	articipation.
Office Use Only / Recorded:	By:	(int.)