

COMMUNITY OUTREACH HOURS

(Please note: This must be complete in order to receive credit for your hours!!!!)

Full Name: _____

Grade: _____

House (circle one): Caracara Merlin

 Kestrel Peregrine

Name of Project (What did you do?) _____

Date(s) of Service: _____

Number of hours worked: _____

Supervisor’s Signature: _____

Please turn this form into the office or Room 34
Comments are welcome (on the back)

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