

Grade 7/8 St. Benedict Community Service Record
Year: 2018 - 2019

Name: _____

Grade: _____ (Circle one that applies) Religious Education / St. Benedict School

Phone: _____ Email: _____

DATE OF SERVICE	NUMBER OF HOURS	DESCRIPTION OF SERVICE	Signature of Supervisor/email or phone

TOTAL HOURS:	<i>Parental Signature: By signing this, you certify that all information included in this record is correct.</i>
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This form **MUST** be returned no later than Sunday, February 24, 2019