

**COMMUNITY SERVICE**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**HOURS:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

*PLEASE TURN IN TO MRS. HALLIGAN*

**COMMUNITY SERVICE**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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