



HOFSTRA UNIVERSITY®
RECREATION AND INTRAMURAL SPORTS

Community Service Report

(-This form must be submitted to the Club Sports Office, Fitness Center, Room 201, and approved prior to Community Service Project)

Club Name: _____

Community Service Location: _____

Date of Event: _____

Description of Event:

Approval by Club Sports

Signed _____ Date _____

*To be completed and handed into the Club Sports Office, Fitness Center, Room 201, **after** the Community Service Project*

Length of Event: _____ (hours)

of team members attended: _____

Brief Description of problems/success @ the event:

*By signing below you verify that the _____ Club has completed the stated number of
(club name)
community service hours with the _____
(Name of organization)*

Signed _____ Date _____

Club President

Signed _____ Date _____

Community Service Event Supervisor