

## **Community Service Report**

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

munity Service Location:  of Event:  ription of Event:  roval by Club Sports  ed  c completed and handed into the Club Sports Office, Fitness Ce  fice Project  gth of Event:	
roval by Club Sports  ed  e completed and handed into the Club Sports Office, Fitness Ce  fice Project  gth of Event:(hours)  team members attended:	
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team members attended:	
team members attended:	
team members attended:	
Description of problems/success @ the event:	
Description of problems, success & the event.	
gning below, you verify that the Club	has completed the stated number o
(club name)	
nunity service hours with the(Name of organization)	
(Name of organization)	
ed	Date
Club President	
ed	

**Community Service Event Supervisor**