

Community Service Hours Form

	Group Member	Hours Completed	Total Hours
<i>1</i>			
<i>2</i>			
<i>3</i>			
<i>4</i>			
<i>5</i>			
<i>6</i>			
<i>7</i>			
<i>8</i>			
<i>9</i>			
<i>10</i>			
<i>11</i>			
<i>12</i>			
<i>13</i>			
<i>14</i>			
<i>15</i>			

President's Signature: _____ Date _____

SGA Vice President's Signature: _____ Date: _____