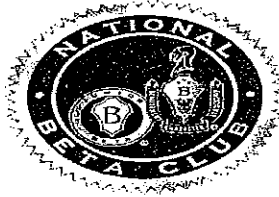


# SERVICE



*"Let Us Lead By Serving Others"*

## Cordova High School National Beta Club Service Hours Form

SEMESTER: FALL 20 \_\_\_\_\_ SPRING 20 \_\_\_\_\_

*Please Print Legibly.*

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency/Site of Community Service:

\_\_\_\_\_

Total hours performed: \_\_\_\_\_

Name of Supervising Official:

\_\_\_\_\_

Email of Supervising Official: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of Supervising Official: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Attach any supporting documents to this form.*

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