Community Service Sign-In Sheet

Submit a picture of this completed sheet and submit at the Online Form

Was the project completed within your team's neighborhood? ☐YES ☐NO Date: _____

Your Name: _____

Team: _____

Other Teams Collaborated: _____

Project Description: _____

First Name	Last Name	Team	**Check One:** City Resident (R), Legacy (L), or Non-Resident (N)	Hrs	Signature
			☐R ☐L ☐N		
			☐R ☐L ☐N		
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Effective April 8, 2019