Received: _____ Total Hours on Page:_____ Entered in PS: _____ Initials: _____

Lake Region Union High School

Community Service - Additional Hours Log

Name:		Date:	
Email:		Year of Graduation:	
Project:			

Record of Additional Hours

Date	Location	Activities	Hours	Supervisor's Signature

_____ _____ _____ _____

Student Signature Date LR CS Coordinator Signature Date