NHHS COMMUNITY SERVICE LOG FORM

Name: _____ ID#:_____ School Year: 2011-2012

PRINT all information, TOTAL your hours & MAKE A COPY of this form for your own records.
Forms are due to your PE/Health/DE teacher NO LATER than Friday, May 25, 2012.

Name & Date of Activity	Hours Per Year	Organization & Description of Service	Organization Advisor's Signature, PRINTED Name & Email
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
			Signature _____ Print Name _____ Email _____
Total Hours 5/28/11 – 5/25/12		Total hours from all forms must be on FRONT page!!!	

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