

ANDERSON PREPARATORY ACADEMY

SERVICE HOURS LOG

DATE _____ CADET NAME _____ FLIGHT _____

DIRECTIONS: PLEASE ENTER THE INFORMATION NEEDED BELOW TO DOCUMENT COMMUNITY SERVICE HOURS. YOU MUST HAVE A LETTER TELLING THE NUMBER OF HOURS, THE COMMUNITY SERVICE YOU PROVIDED, TO WHOM YOU DELIVERED THE SERVICES, OR YOU CAN USE THIS FORM TO SHOW DOCUMENTATION BY HAVING THE PERSON SIGN.

NUMBER OF HOURS _____

DESCRIBE THE COMMUNITY SERVICE YOU PROVIDED-

TO WHOM YOU DELIVERED THE SERVICES _____

SIGNATURE _____ PRINT NAME _____

ADDRESS _____ PHONE NUMBER _____

EMAIL _____

TEACHER or ADMINISTRATOR SIGNATURE _____ Date _____

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