Boy Scout Troop 149

Community Service Hour Form

SCOUT NAME	
NAME OF ORGANIZATION	PROJECT TITLE
DATE SERVICE WAS PERFORMED	NUMBER OF HOURS
Brief Description of Service	(To Be Completed by Scout):
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SIGNATURE OF CONTACT PERSON	PHONE NUMBER OR E-MAIL OF CONTACT PERSON
TROOP'S SIGNATURE OF APPROVAL	

(KEEP COPY FOR SCOUT'S RECORD) — (TURN IN ORIGINAL TO SERVICE HOURS COORDINATOR)

