



BOY SCOUT TROOP 155

COMMUNITY SERVICE HOUR FORM

Scout _____

Name of Organization: _____

Project/Event: _____

Date of Service: _____

Service Hours: _____

Description (to be filled out by Boy Scout or volunteer coordinator):

Submit to:

Kim King Community Service Chairperson

mamatika9@gmail.com

330.690.7167

Scout Signature:

Date:

Scoutmaster Signature :

Date:



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