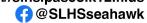


3023 Sunlake Blvd. • Land O' Lakes, Florida • 34638 Phone: 813.346.1000 • Fax: 813.346.1091 http://slhs.pasco.k12.fl.us

● ● SLHSseahawks



Kara Merlin • Principal
Assistant Principals: Douglas Elias • Tisha Doohen
Cady Baer • Christine Ramirez • Jeffrey Wolff

KEY CLUB Service Hours Record

Student Name	Student Number &	Grad Year
Date Submitted		
Community service must be complete eligible for financial reimbursement fo	d outside of a student' r services rendered. Ch (ie: community beautif	nurch service hours do not qualify as ication) in conjunction with a church do
Volunteer Hours for: Sunlake High Sch	ool Key Club	
Name of Supervisor(s)/Sponsor(s): <u>Kar</u>	en J. Noffsinger	
to sign your form AT check-in. If you can officer to sign prior to the check-in organization, the type of work comple	annot get a signature a meeting. List the <u>name</u> ted, and the number o ome reason an event s	f hours served. Provide a total number upervisor is not available due to the size
I understand this form is to be turned quarter. Totals from page 2 are accura to 2 weeks for these hours to be refle	ate to the best of my k	Room 10-106 by the end of each nowledge. I understand it may take up
Student's signature		
Parent/Guardian's signature		
	For Office Use Only	
Date Reviewed Tota	l Hours	Approved

1 7,45 >6 E	4 of House	Internal Organization	Cianation of Addison	
T - Date of their	# CI 110013	Name of Organization	agracus of Awison	
2- Date of Event	# of Hours	Name of Organization	Signature of Advisor	
3 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
4 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
5 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
6 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
7 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
8 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
9-Date of event	# of Hours	Name of Organization	Signature of Advisor	
Hours Total:				
This form must be signed by th	e organization	***This form must be signed by the organization's event coordinator or an Advisor ONLY		