LINCOLN-WAY WEST HIGH SCHOOL
TRI-M COMMUNITY SERVICE HOURS

NAME: ____________________________

NUMBER OF HOURS: ________________

DATE SERVICE PERFORMED: __________

Location of service done _____________________________________________________

Briefly describe service done __________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Sponsor Signature ___________________________ Date____________________

Sponsor phone number ____________________________

***THIS FORM MUST BE TURNED INTO MR. RUKLIC. PLEASE TURN IN ONE
WEEK AFTER COMPLETING THE HOURS. ALL HOURS/FORMS MUST BE
TURNED IN BY THE LAST DAY OF THE SEMESTER.

DO NOT WRITE IN THIS SPACE!

______ Mr. Ruklic                Sem. 1  2

______ Service Chairperson