



LINCOLN-WAY WEST HIGH SCHOOL
ILLINOIS MUSIC HONORS SOCIETY
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. Barnish. 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. Barnish

Sem. 1 2

_____ Service Chairperson