

TROOP 129

SERVICE HOURS FORM

SCOUT NAME _____

NAME OF ORGANIZATION _____

PROJECT TITLE _____

DATE SERVICE WAS PERFORMED _____

NUMBER OF HOURS _____

BRIEF DESCRIPTION OF SERVICE (TO BE COMPLETED BY THE SCOUT)

PHONE NUMBER OR EMAIL OF CONTACT PERSON _____

SIGNATURE OF CONTACT PERSON _____

TROOP'S SIGNATURE OF APPROVAL _____

PLEASE KEEP A COPY FOR THE SCOUT'S RECORDS. TURN IN THE ORIGINAL SERVICE HOURS FORM TO THE TROOP 129 ADVANCEMENT CHAIR.