PACIFIC CASCADE MIDDLE SCHOOL RECORD OF COMMUNITY SERVICE

Name: Parent/Guardian Name:				Grade:	School Year:	
				Phone:	Phone:	
Date	# of Hours	Location of Service	Service(s) Performed	Advisor	Advisor Signature	Advisor Phone #
Total Hours						
To the bes	st of my knov	wledge, this accurately ref	flects my community servic	e.		
Student's Signature					Date	<u> </u>

Please make a copy for your records before turning in.