

CNH | KEY CLUB

Individual Service Events | Hours Sheet

General Individual Information

Name of Member:

Email:

Phone Number:

| Date | Name of Event | Total Hours | Supervisor's Information |
|------|---------------|-------------|-------------------------------------|
| | | | Name: Phone Number: Initials: |
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| | | | Name: Phone Number: Initials: |

Total Service Hours: _____

For Secretary Use

Date received from member:

Date recorded in Club Monthly Report Form:

Secretary's Signature:

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