



## Confirmation Service Hours

*Please fill out and return to your teacher.*

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Hours: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_



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\_\_\_\_\_

\_\_\_\_\_