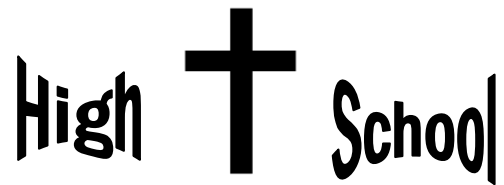


Lumen Christi



Community Service

2011-2012

Student Name: _____ Grade: _____

Name of Organization: _____

Contact Person: _____ Phone #: _____

Description of Activity:

Arrival Time: _____ Departure Time: _____ Hours Worked: _____

Student's Signature: _____ Date: _____

Sponsor/Parent's Signature: _____ Date: _____

This sheet must be turned in to the Lumen Christi Office upon completion