**8th GRADE - SERVICE HOURS NOTIFICATION SLIP**

Name:

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

Number of Hours: \_\_\_\_\_\_\_\_\_\_

Circle Type: (one only)

Parish/School Charity

 Neighborhood/Family

Supervisor’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Service:

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