



Cuthbertson High School Beta Club

Community Service Form

By filling this form out, I, the student, understand that these hours may only be used for CHS Beta Club.

Student Name: _____
 Name of Organization _____
 Address of Organization _____
 Phone Number of Organization _____
 Signature of Supervisor _____

Date of Service _____ Hours of Service _____

Description of Service (briefly describe what you did)



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