

Club Sports Community Service Verification Form

Club Information:

Club Name: _____

Club Contact Name: _____ Phone Number: _____

Email: _____

Community Service Information:

Service Project Title: _____ Date: _____

Project Leader(s): _____

Project Leader Phone Number: _____ Email: _____

Project Leader's Signature: _____

Response *(This information **MUST** be completed immediately after the service project & returned to the Club Sports Office within 2 weeks of the service project.)*

Briefly summarize the community service project you planned/attended.

Did this service project have any effect on the mission and values of your club?

Comments:

