



CAMP WAR EAGLE

CAMPER VOLUNTEER TIME

Camper Volunteer Time *must* be verified by volunteer project leader or adult supervising project; attach additional sheets as needed.

CAMPER NAME: _____

NUMBER OF HOURS COMPLETED: _____ DATE OF SERVICE: _____

Description of project or service performed:

Comments: _____

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone: _____

CAMP WAR EAGLE
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