CAMPER NAME: ____________________________________________________________

NUMBER OF HOURS COMPLETED: ___________ DATE OF SERVICE: _______________________

Description of project or service performed:
____________________________________________________________________________________
____________________________________________________________________________________

Comments: __________________________________________________________________________
_____________________________________________________________________________________

Signature: _______________________  Title: ______________________ Date:_____________________

Printed Name: _________________________________  Phone: ______________________________

COMMUNITY SERVICE HOURS
Community Service/Volunteer Time must be verified by volunteer project leader or adult supervising project; attach additional sheets as needed.

CAMP WAR EAGLE
14323 Camp War Eagle Road, Rogers AR 72756
Phone: 479.751.8899  Fax: 479.751.8791