

# St. Frances Cabrini Academy Service Hours 2008-2009

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ 2nd Child: \_\_\_\_\_ 3rd Child: \_\_\_\_\_ 4th Child: \_\_\_\_\_

- PTO Board Member       Other
- Advisory Board Member       Other
- School Board Member       Scout Leaders
- Coach for Athletic Team – Sport: \_\_\_\_\_
- Sponsor Club Committee
- Coach or Chairperson for*
- Silent Auction       Flying Nun Run
- Marketing Committee Member

**\*\*\*ANY OF THE ABOVE IS CONSIDERED COMPLETION OF YOUR 18 REQUIRED HOURS FOR THE YEAR\*\*\***

1.	Activity	Year/Month	Day	Hours	Details If Any
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
	<b>Total</b>				