UW-Whitewater Club Sports

Return form to room 100 AFTER service performed

Community Service Performed

Club Sports staff will file form accordingly

* * SUBMIT NO MORE THAN TWO DAYS FOLLOWING YOUR EVENT * *

| Club Name: | |
|--|-------------------|
| Your Name: | |
| Service Performed At: | |
| Date(s) of Service: | |
| # of Hours per Person: Not the total number of club hours | |
| Describe the type of service performed | |
| | |
| | |
| | |
| Members performing service (first and la | ast name, please) |
| Member 1: | Member 2: |
| Member 3: | |
| Member 5: | |
| Member 7: | |
| Member 9: | Member 10: |
| Member 11: | |
| Member 13: | |
| Member 15: | Member 16: |
| Member 17: | |
| Member 19: | Member 20: |
| Member 21: | |
| Member 23: | |
| Member 25: | |
| Member 27: | |
| Member 29: | |

