# Lourdes Academy

## A NOTRE DAME ACE ACADEMY

School Year 2015-2016

Name(s) of Student(s): _____

_____

| Date | Time Start/End | | # Hours | Event |
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| Total Hours of Service… | | | | |

Please sign below to indicate that the above is a clear and accurate depiction of the hours of service you performed for our community.

Signature: _____ Date: _____

Printed Name: _____