

LAKESIDE LUTHERAN SERVICE ACTIVITY LOG

STUDENT'S NAME _____

Keep track of the hours spent doing the service activity. After recording the necessary hours to complete the service activity, your supervisor must sign this time log. Turn this time log in on the due date.

Place and activity	Date	Hours	Total Time
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Official's Signature: _____ Official's Printed name: _____

Position in the church / organization: _____

Email or phone number (if confirmation is needed): _____

Place and activity	Date	Hours	Total Time
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Official's Signature: _____ Official's Printed name: _____

Position in the church / organization: _____

Email or phone number (if confirmation is needed): _____

Place and activity	Date	Hours	Total Time
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