

University of California, Merced --- Sport Clubs Community Service Hours Form



Name and Club: _____

Phone: _____

Event: _____

Please fill out the following grid for the hours corresponding to the given event.

Hours completed

Date of Event	Description of Event and Work Done	Amount of Hours

	Print Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Officer's Signature

Date

Event Representative's Signature

Date

SC Coordinator's Signature

Date

	Print Name	Signature
17		
18		
19		
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