## Thomas County Central High School Community Service 2015-2016

PRINT Student Name: _		
Club:	Grade:	
Organization assisting:		
Date(s) of Service:	Number o	of Hours:
Brief description of the	service project:	
Sponsor's Signature (co	onfirming completed service):	
If this is an off-campus	activity, please provide the phone num	aber of sponsor for verification of
service:		
	For Office Use Only	
Accepted:	Not Accepted:	(Reason must be provided)
Seniors will receive the	following medals at Honors Day for co	ompletion of community Service.
50 hours of community 100 hours of community 150 hours of community	y service – Silver Medal	