

Confirmation Service Hours Log

Student Name: _____ 1st ___ 2nd ___

Note: All events must be signed by the supervising adult (i.e. Advisor, Business owner/manager, parents, etc.) Must be completed by **April 22, 2019**.

Attach: (3 paragraphs minimum 3 sentences)

Date	Adult Supervisor (print name/Phone#)	Signature	Hours Completed	Brief description of Activity

*****Completion date may subject to change**