		Phone
Area		County RTA
		City/St/Zip
		Address
		Name
Please send to your chapter's Community Service Chair or to your local President by 12/31.	our chapter's C to your local Pr	Please send to your chapter' Service Chair or to your loca
		TOTAL HOURS
		December
		November
		October
		September
		August
		July
		June
		May
		April
		March
		February
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Other	Youth	
IOURS	<b>VOLUNTEER HOURS</b>	V
R 20	RECORD YOUR 20.	R

These forms may be copied for your members.

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	VOLUNIEER HOURS	URS
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February		
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TOTAL		
HOURS		
Please send to your chapter?	our chapter's Community	munity
Service Chair or	Service Chair or to your local President by 12/31.	lent by 12/31.
Name		
Address		
City/St/Zip		
County RTA		Area
Phone		