SPRING 2015

KEY CLUB HOURS SHEET

Name: _____ Grade: _____

Email: _____

Circle meeting dates attended: *Minimum 4 per semester*

JAN	FEB	MAR	APR	MAY	JUN
	2/18 2/25	3/11	4/1 4/15 4/29	5/20	6/3

Hours: *10 minimum per semester*

5 of the 10 total hours must be Key Club events

KEY CLUB

Date:	Project/Event:	Hours:
		TOTAL:

OTHER SERVICE

Date:	Project/Event:	Hours:
		TOTAL: