Full Name		Circle one:
		Quarter 1-2
		Quarter 3-4
_	NHS	_ NJHS: Service Hours Log

(check the applicable box)

Date	Event Title	Hours Spent	Description of Service	Event Coordinator's Signature/Contact Info (Name, Phone Number, & Email Address)

Number of Hours Required by the <u>last Friday of the semester</u>. Minimum of 12.5 hours for NJHS and 25 Hours for NHS. Turn into Ms. Marshall in room 339.

___ NHS ___ NJHS: Service Hours Log

(check the applicable box)

Date	Event Title	Hours Spent	Description of Service	Event Coordinator's Signature/Contact Info (Name, Phone Number, & Email Address)