

NAME \_\_\_\_\_ GRADE: 11 12

SEMESTER (circle): Fall Spring SCHOOL YEAR: 20\_\_\_\_ - 20\_\_\_\_

## NHS Service Hour and Enrichment Activity Recording Sheet

### Chapter Hours (signed by chapter advisor)

Date	Activity	Number of Hours	Signature of Chapter Advisor

### Community Hours (signed by adult who supervised the activity)

Date	Activity	Number of Hours	Signature of Supervising Adult

### Enrichment Activities (signed by Mrs. Myers only, must be accompanied by proof)

Date	Activity	Signature of Chapter Advisor (Mrs. Myers)

Chapter Total: \_\_\_\_\_ Community Total: \_\_\_\_\_ Enrichment Total: \_\_\_\_\_

----- Advisor Only Completes -----

Signed off: \_\_\_\_\_

Date: \_\_\_\_\_