

WHEAT RIDGE ART HONOUR SOCIETY
WR•AHS Community Service Hours

Name: _____

Graduation Year: _____

Date(s): _____

Number of Hours: _____

Community Service in the Arts: _____

What was your participation and how is community service? _____

Supervisor Name: _____ Phone Number: _____

Signature: _____

Approval by Coach Scaglione: _____

Date(s): _____

Number of Hours: _____

Community Service in the Arts: _____

What was your participation and how is community service? _____

Supervisor Name: _____ Phone Number: _____

Signature: _____

Approval by Coach Scaglione: _____

Date(s): _____

Number of Hours: _____

Community Service in the Arts: _____

What was your participation and how is community service? _____

Supervisor Name: _____ Phone Number: _____

Signature: _____

Approval by Coach Scaglione: _____