RECORD OF SERVICE HOURS
2017-2018

NAME OF PARENT(S) _____

NAME(S) OF STUDENT(S) _____

SERVICE RENDERED (Work Day, Concessions, Santa Store, etc.)	NUMBER OF HOURS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL NUMBER OF HOURS COMPLETED	_____

☐ I have completed my service hours for the 2017-2018 school year as indicated above.

☐ I have opted to pay the $200.00 assessment in lieu of submitting service hours and have already paid for the year.

☐ I have opted to pay the $200.00 assessment in lieu of submitting service hours. Please find my payment of $200.00 attached.

☐ I have completed a portion of my service hours to the school (listed above) and have attached a partial payment in the amount of $10.00 per hour to cover the remaining hours.