

Hour Sheet 2019-2020

Student Name: _____

Grade: _____ **Teacher:** _____

Retreat or Mornings of Prayer

Date/Type

Family Enrichment Hours

No Required: _____

Date/Type of Enrichment

of hrs

Individual Enrichment Hours

No Required: _____

Date/Type of Formation

of hrs

Service Ministry Hours

No Required: _____

Date/Type of service

of hrs

*****You must complete this form and attach Enrichment Attendance Sheets to this form. When you work an event please fill out the Service Ministry slip on the back of this page, or attach one that was given to you from the event.*****

Date of Service: _____ **# of Hours worked:** _____
Name of Organization or Event: _____
Type of Service Performed: _____
Signature of person in charge of event: _____
Phone Number of person in charge: _____

Date of Service: _____ **# of Hours worked:** _____
Name of Organization or Event: _____
Type of Service Performed: _____
Signature of person in charge of event: _____
Phone Number of person in charge: _____

Date of Service: _____ **# of Hours worked:** _____
Name of Organization or Event: _____
Type of Service Performed: _____
Signature of person in charge of event: _____
Phone Number of person in charge: _____

Date of Service: _____ **# of Hours worked:** _____
Name of Organization or Event: _____
Type of Service Performed: _____
Signature of person in charge of event: _____
Phone Number of person in charge: _____

Date of Service: _____ **# of Hours worked:** _____
Name of Organization or Event: _____
Type of Service Performed: _____
Signature of person in charge of event: _____
Phone Number of person in charge: _____
