COMMUNITY SERVICE HOURS SUBMISSION FORM

DATE OF SERVICE: _____

YOUNG MARINE SIGNATURE: _____

COMMANDER SIGNATURE: _____

PARENTS SIGNATURE: _____

DATE OF SUBMISSSION: _____

(Organizations should supply information on official letterhead)

Young Marine _____ performed the following:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ **Hours:** _____

Name (please print): _____ **Phone:** _____

Signature: _____

Form version: 08/2015