

Name _____ Date _____

Hours Worked - Time In: _____ AM / PM Time Out: _____ AM / PM

Member Type (Circle One) - Applicant Associate Regular Lifetime

Race Day? - YES NO Men's Day Requirement? - YES NO

Brief Description of Work _____

Did you bring your own power tool(s)? YES NO If yes, what tool(s)? _____

Committee Head Name _____

Committee Head Signature _____

*** Send a photo of this sheet to cccpoints1967@gmail.com and save a copy for yourself ***

*** Place this sheet in Points Mailbox near the fire pit ***

*** Failure to fill out this form COMPETELTY and LEGIBLY will result in ZERO points ***

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