GIVING BACK PROGRAM

Player Name: _____

Organization service is provided to: _____

Was the student paid for the service: _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone Number: _____

Supervisor Signature: _____

Date(s) and Time(s) of service: _____

_____

_____

_____

Brief description of service provided:_____

_____

_____

_____

(To be completed by player)

Date Submitted & Total Hours: _____

Coach Signature: _____