

Name: _____

Grade: _____

Semester: (circle one) Fall Spring

Beta Club Hours Sheet

Please complete each section and write legibly or your sheet will not be counted.

Name of Service Activity	Description of what you did	Date of Activity	Number of Hours Earned	Type of Activity <small>(check only one)</small>	Sponsor Name <small>(Print)</small>	Sponsor Signature <small>(Cannot be a parent or guardian)</small>	Contact Information of Activity Sponsor <small>(only if outside of Wakefield) (Phone AND Email)</small>
				<input type="checkbox"/> Sponsored <input type="checkbox"/> Un-sponsored <input type="checkbox"/> Teacher Help			
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Total Number of Hours: _____

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