



COMMUNITY SERVICE HOURS CONFIRMATION

BOY SCOUT TROOP 723
PLACENTIA, CA.

Scout Performing Community Service: _____

Date Service Performed: _____ Hours Served: _____

(Please briefly describe the service provided)

Organization: _____

Adult Supervisor: _____

(signature)

(title)

Phone number and address: _____

Date submitted: _____ Approved: _____

Please turn into Mrs. Mason so credit can be given to you.