



Community Service Follow- up Form

Sport Club _____ Date Submitted _____

Person Filing Request _____

Title _____

Phone _____

Email _____

Name of Organization _____

Number of your club members participated at the event? _____

Number of hours that club members participated: _____

Please give a brief description of any successes or problems with the event

Organization Contact Information:

Name: _____

Phone Number: _____

Email: _____

X

Organization Representative Signature

This form must be submitted to a Program Manager within 3 business days after the event takes place.

