Name:_____
Name of Event:_____
Event Description:_____
_____

# of Hours:____   Event Date:_____

Event Type: *Check all that apply*
    ___ General Hours
    ___ Tutoring (Elementary)
    ___ Tutoring (AC/ Afterschool)
    ___ Group Event

Supervisor Signature:_____

Supervisor Contact Info:_____
_____

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