Knights of Setonia

I certify that all the following hours of service have been completed and recorded accurately.

_____ _____

Student signature *Print name legibly*

Grade ___ *Year(s) as a Knight:* ___ *First* ___ *Second* ___ *Third* ___ *Fourth*

20 hours *20 hours* *20 hours* *5 hours*

Community Service – Time Sheet

# Hours	Who did you serve?	What did you do?	Moderator signature