

GHS Tri-M Music Honor Society – Service Record Sheet

Student Name: _____ Grade: _____ Phone: _____

Returning Member or Pledge (circle one): RETURNING MEMBER PLEDGE

Date of Service Activity: _____ Number SERVICE of Hours: _____

Description of SERVICE Activity: _____

Supervisor Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date of Service Activity: _____ Number SERVICE of Hours: _____

Description of SERVICE Activity: _____

Supervisor Name (print): _____ Phone: _____

Supervisor's Signature: _____

Date of Service Activity: _____ Number SERVICE of Hours: _____

Description of SERVICE Activity: _____

Supervisor Name (print): _____ Phone: _____

Supervisor's Signature: _____

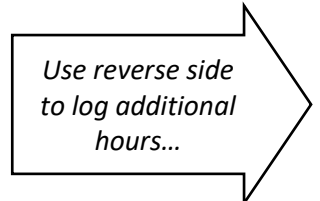
Date of Service Activity: _____ Number SERVICE of Hours: _____

Description of SERVICE Activity: _____

Supervisor Name (print): _____ Phone: _____

Supervisor's Signature: _____

**See the Tri-M Handbook for additional information regarding the SERVICE REQUIREMENT:*



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Date of Service Activity: _____	Number SERVICE of Hours: _____
Description of SERVICE Activity: _____ _____	
Supervisor Name (print): _____	Phone: _____
Supervisor's Signature: _____	

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**See the Tri-M Handbook for additional information regarding the SERVICE REQUIREMENT:*

