

STUDENT GOVERNMENT  
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## Service Project Form

Class, Club, or Organization Name: \_\_\_\_\_

Pre-Signature from Volunteer Services \_\_\_\_\_

Date of Service Project: \_\_\_\_\_

Name and Location of Recipient of Service:

\_\_\_\_\_  
\_\_\_\_\_

Number of Participants from your organization: \_\_\_\_\_

*Required signatures:*

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Advisor: \_\_\_\_\_

Representative of Charitable Organization: \_\_\_\_\_

Representative from Volunteer Services: \_\_\_\_\_