

Tri-M Community Service Record Sheet

NAME:____

MUSIC CLASS:_____

	PHONE NUMBER	:			_
	EMAIL:				_
DATE	ORGANIZATION	TASK	HOURS	*SUPERVISOR (name & phone #)	
	-	ome or all community hours tow or continuous enrolment in the Tri-I		=	
	hat I have complete napter #6933 Bylaws	d the work as recorded above in	agreement wi	th the Mission Vie	ejo High School
Student	Signature				Date
Tri-M Advisor Signature					Date