



ORANGE PARK RAIDERS

COMMUNITY SERVICE CONFIRMATION FORM

A
T
T
I
T
U
D
E
•
D
I
S
C
I
P
L
I
N
E
•
T
O
U
G
H
N
E
S
S
•
E
F
F
O
R
T
•
P
R
I
D
E

Athlete's Name (please print)

Total Hours Worked

Organization:

Date(s) work was performed

Address: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary remuneration was paid.

Organizer's Name (please print)

Title of Organizer

Organizer's Signature

Date

Athlete's Signature

Date

