

UNITED STATES NAVAL SEA CADET CORPS BOCA DELRAY DIVISION

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RECORD OF COMMUNITY SERVICE

Date:	
Name:	
Name of Organization:	
Type of Community Service Performed:	
Date of Service:	
Amt of Hours:	
Signature of Authorized Agent	 _
Print Name	 -
Phone Number:	-
Office Use Only:	
Received by:	
Date received:	
Authorized by:	
Logged in Rook:	