

North Central States Regional Council of Carpenters
Community Service Activity Form

Local _____ Date of Activity _____

Activity _____

NAME

TOTAL HOURS

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL HOURS		

Name of Person Submitting Report _____