



INDEPENDENCE KEY CLUB HOUR REPORT

Name _____ Grade _____

Name of Organization _____

Key Club Sponsored Event Yes or No

Date(s) of Activity _____ Hours _____

Description _____

Supervisor Signature _____

Supervisor Phone Number _____

Supervisor Email _____

For Official Use Only

of hours _____

Key Club Event Y / N

Summer 2014 / Fall Semester / Spring Semester