

**Service Hours Slip**  
**Tri-Cities Prep**  
**A Catholic High School**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Religion Teacher: \_\_\_\_\_

Service Organization or School Event: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_ Total hours completed: \_\_\_\_\_

On-Site Supervisor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Religion Teacher signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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