Verification of Sport Club Community Service

I, _____________________, verify that the University of New Hampshire
Club _____________________ has completed _________ hour(s) of
Community service with ________________________.

(name of coordinator) (club name) (name of organization)

Community Service Coordinator Sports Club Representative
Print ___________________________ Print ___________________________
Signature: ___________________________ Signature: ___________________________
Date: ___________________________ Date: ___________________________
Phone #: ___________________________ Phone #: ___________________________
Email: ___________________________ Email: ___________________________

What to put in each line:

1) Coordinator from the Community Service Event (or Supervisor)
2) Club Name (Club Softball, Judo, etc)
3) Total number of hours (# of members x amount of time spent)
   a. For example, 15 members spending 2 hours at an organization = 30 hours
4) Name of organization

** This Form must be filled out COMPLETELY and ACCURATELY in order to be accepted.**