GUARDIAN ANGELS CENTRAL CATHOLIC APOSTOLIC OUTREACH

+ Learning and Leading Through Christ +

Name _____ **Year of Graduation** _____

Date of Project _____

ALL NON-SUMMER HOURS MUST BE SUBMITTED WITHIN TWO (2) WEEKS OF THE PROJECT COMPLETION DATE TO RECEIVE CREDIT.

Apostolic Activity _____

Time Spent On This Activity _____

The time offered for this activity is to be applied to the following area: (please check one)

_____ Home Parish/Wider Church

_____ Guardian Angels Central Catholic

_____ Local Community (non-profit organizations)

_____

Adult Supervisor (print name)

_____

Adult Supervisor Signature Phone #

_____

Student Signature

_____

Parent/Guardian Signature