

All Saints Youth Programs

Service Record for **All Saints** Sponsored Projects

Name of Youth Participant: _____

All Saints Event <i>Name and Date(s)</i>	Time In	Time Out	Project Leader's Name	PL's Phone #

I certify that _____
has completed _____ hours of Service Project **with All Saints Parish** during the 2008-2009 School Year.

Signature of Project Coordinator

*Please turn this paper into the Church Office **attn: Dan Schwieterman** if found or when completed.*

*For any questions or concerns about the eligibility or purpose of the **All Saints Youth Service Program**, please contact **Dan Schwieterman** at the Church Office 713 864 2653 ext 205 or email him at dans@allsaints.ws*