2010 – 2011 TEEN ADVISORY COUNCIL SERVICE REPORT

Student Name: _____

Adult Contact: _____ Title: _____Phone: _____

Type (Please Circle): **SHADOWING** **TAC SANCTIONED SERVICE**

OUTSIDE SERVICE **DRIVE/DONATION**

Description of Event/ Meeting: _____

_____

Meeting Date: _____ Time: _____ Location:_____

_____ _____

Student Signature Adult Signature

2010 – 2011 TEEN ADVISORY COUNCIL SERVICE REPORT

Student Name: _____

Adult Contact: _____ Title: _____Phone: _____

Type (Please Circle): **SHADOWING** **TAC SANCTIONED SERVICE**

OUTSIDE SERVICE **DRIVE/DONATION**

Description of Event/ Meeting: _____

_____

Meeting Date: _____ Time: _____ Location:_____

_____ _____

Student Signature Adult Signature