



TEEN ADVISORY COUNCIL SERVICE FORM ©

TAC member name: _____

Event adult contact: _____ Title: _____ Phone: _____

Type (circle one): **TAC-SANCTIONED SERVICE** **OUTSIDE SERVICE** **DRIVE/DONATION**

Organization (ex. Dream Center, cMoe, Mater Dei baseball, Signature Art Club): _____

Brief description of event/meeting (ex. "Helped kindergarteners with crafts," "Passed out water to runners"):

Date of event: _____ Start & end time: _____ Location: _____

Number of hours served/shadowed: _____ Total TAC hours TURNED IN (excluding hours on this form): _____

Student Signature Date Adult Signature Date

*Forms must be **completely** filled out to count toward your TAC requirements. Adult contact may NOT be a parent.*

For office use only: ENTERED Date: _____ VP/Other Initials: _____



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