

SPFSA Volunteer Hours

Name \_\_\_\_\_  
Type of Club Volunteer Activity \_\_\_\_\_  
Time spent \_\_\_\_\_ (note – subject to club approval)  
Date of Activity \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please put in SPFSA box to the attention of Susan Wylie*

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