



**TROOP 73
SERVICE HOURS STATEMENT**

Scout Name _____

Date of Service _____

Organization Name _____

Number of Hours _____

This will confirm that the above named Scout completed service hours as noted for the organization indicated on the above date.

Name of supervising person _____

Signature of supervising person _____

Title/Position of supervising person _____

TROOP USE ONLY	
Rec'd by	
Date	
SB/IA entry by	
Date	
NOA Entry (Cons.)	
Date	
SERV Entry	
Date	