



**Middle Tennessee State University**  
Sport Clubs  
Community Service Verification Form

Club: \_\_\_\_\_

Date of Community Service: \_\_\_\_\_ Location: \_\_\_\_\_

Community Service Provided: \_\_\_\_\_

Number of Club Members in attendance: \_\_\_\_\_ Hours provided: \_\_\_\_\_

Name (Please PRINT legibly)	
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

I certify that the above list and hours worked is valid.

Club Officer Signature: \_\_\_\_\_ Office Position: \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

Service Program Administrator Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_