



Brick Memorial High School

MUSTANGS

ICE HOCKEY

COMMUNITY SERVICE VERIFICATION

Students Name: _____

Activity: _____

Date: _____

Location: _____

Purpose: _____

This student has participated in the above named activity with my knowledge and approval.

Name of student's parent/guardian

This student has volunteered _____ hours to the activity.

Name of Activity Representative: _____

Activity Rep. Phone Number: _____