



# COMMUNITY SERVICE REPORT

Contestant: \_\_\_\_\_ Title: \_\_\_\_\_

## Local CMN & Other Community Service Projects, Hours & Dollar Amount Raised

Event or Project Name	CMN Hours	CMN Amount Raised	Other Community Service Project Name	Other Community Service Project Hours	Other Community Service Amount Raised	Total Hours	Total Amount Raised
<b>Total CMN Hours and Amount Raised</b>			<b>Total Other Hours and Amount Raised</b>				

*Note: This form is for Local Service Hours only. There is a separate form for State Service Hours. Please do not combine State and Local Service Hours.*