

ST. CATHERINE OF SIENA CONFIRMATION
SERVICE HOUR PROJECT FORM

Name: _____ (Please Circle) Year 1 Year 2

Project Description: _____ Date of Project: _____

Who was served by the project: _____ (Circle one) Parish SCORE School

BELOW TO BE COMPLETED BY AUTHORIZED PERSON FOR WHOM YOU DID THE PROJECT

Name of Person In Charge of Project: _____ Phone #: _____

Title of Person In Charge: _____ Number of Hours Completed: _____

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