

**NHS/NJHS Service Hours Record**

**Please fill out the form below and return it to Coach K to receive credit for your service hours. This form is void if there is no supervisor signature.**

Name: \_\_\_\_\_

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

Project: \_\_\_\_\_

\_\_\_\_\_

Total hours: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Supervisor Signature

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Total hours: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Supervisor Signature