



## Fulfilling Chapel Through Service Log Fall 2007 Weeks 1-5

Your Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_

Attendance must be verified by the team leader and turned in twice throughout the semester.

Team Name:		
Team Leader Name:		
Week	Date	Team Leader Initials
1		
2		
3		
4		
5		
<b>**Turn in to Agape Center, Box 3027, by Nov 2**</b>		

verify that the hours recorded above are accurate:  
Student Signature: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_



## Fulfilling Chapel Through Service Log Fall 2007 Weeks 6-10

Your Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_

Attendance must be verified by the team leader and turned in twice throughout the semester.

Team Name:		
Team Leader Name:		
Week	Date	Team Leader Initials
6		
7		
8		
9		
10		
<b>**Turn in to Agape Center, Box 3027, by Dec. 14**</b>		

I

I verify that the hours recorded above are accurate:  
Student Signature: \_\_\_\_\_

Team Leader Signature: \_\_\_\_\_