

**St. Clare School Stewardship Project**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Amount of time: \_\_\_\_\_

Description of Service:

Signature of person receiving service: x \_\_\_\_\_

Signature of parent: x \_\_\_\_\_

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