

# USTA Helping Hands Service Record Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones  
home \_\_\_\_\_ mobile \_\_\_\_\_

email \_\_\_\_\_



Date	Start Time	Task	End Time	Total Time	Witness*

*\*to be initialed by the Director of the project or a designated witness..*

I attest that I have completed the work as recorded above in agreement with the Director

of the \_\_\_\_\_

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

I attest that the above named student has completed the required community service work under my direction.

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date