



St. Gabriel Confirmation Service Hours Form

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St. Gabriel Catholic Church, 3016 Providence Road, Charlotte, NC 28211, ATTN: Brenda Baalman
MAIL, FAX or EMAIL Completed Form

STUDENT NAME _____ TOTAL SERVICE HOURS _____
(Please Print) (from all projects, must add up to at least 10 hours)

DESCRIPTION OF PROJECT: # of HOURS: _____

SIGNATURE OF ADULT IN CHARGE _____ DATE: _____

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SIGNATURE OF ADULT IN CHARGE _____ DATE: _____

DESCRIPTION OF PROJECT: # of HOURS: _____

SIGNATURE OF ADULT IN CHARGE _____ DATE: _____

I have followed the community service guidelines that are included on the back of this form.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

***ST. GABRIEL SERVICE HOURS FORM DUE by SEPTEMBER 1, 2019
MAIL, EMAIL OR FAX TO ADDRESS ABOVE***