



TEEN ADVISORY COUNCIL SERVICE REPORT

Student Name: _____

Adult Contact: _____ Title: _____ Phone: _____

Type (Please circle): **SHADOWING** **TAC SANCTIONED SERVICE**
OUTSIDE SERVICE **DRIVE/DONATION**

Brief Description of Event/Meeting:

Date: _____ Time: _____ Location: _____

Student Signature

Adult Signature

*Forms must be filled out **completely** to count towards your TAC requirements.*



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