

Radford University CKI, Capital District Individual Service Report Form

Name _____ Date _____

Phone _____

E-Mail _____

Name of Project _____

Date of Project _____

Project Sponsor _____

Contact Person for Project _____

Brief Description of Project:

Total Number of Service Hours Completed
(including travel to and from site): _____

Please mail this form to:

RU Circle K International
P.O. Box 6981
Radford, VA 24141

