



Rowan-Cabarrus Community College

Campus Service Project

COMPLETION Form

Club/Organization

Date and Time of Project

Location of Project

The following Members of the Club Participated in this Service Project:
Please attach additional sheets as necessary.

Additional Comments:

The Club would ___ / would not ___ recommend this service project to other groups.

Club President's Signature

Club Advisor's Signature

Return this form to the SGA Office.

For SGA Office Use: Date received _____ Received by _____