



Rowan-Cabarrus Community College

# Community Service Project

## COMPLETION Form

Club/Organization

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Date and Time of Project

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Location of Project

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

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Additional Comments:

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

Club President's Signature

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Club Advisor's Signature

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*Return this form to the SGA Office.*

For SGA Office Use: Date received \_\_\_\_\_ Received by \_\_\_\_\_