

COMMUNITY SERVICE REPORT  
Fall 2006

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BILLET

\_\_\_\_\_  
PLATOON

Event: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WITNESS NAME

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE