



The Office of Student Activities, room C101, 847-543-2280

Club Community Service Report

Club Name: _____

President: _____ President's E-mail: _____

Advisor: _____ Advisor's E-mail: _____

Service Site: _____

Date(s) of Service: _____ Advisor Signature _____

Number of CLC Student Participants: _____

If a fundraiser for a non-profit community agency was part of the project, please note the total amount raised: \$ _____

Name of Non Profit Community Agency: _____

Please give a brief description of the community service performed:

Please attach a list of your organization's members that participated.

***Reminder: Complete Activities Request Form and Travel Packet.**

Return Completed Club Community Service Report with Proof of Attendance

No later than TWO WEEKS after event.