

Immaculate Conception Office of Religious Education
314 Old Allerton Road Annandale, NJ 08801
Service Report Sheet
908-735-0478

Confirmation Year _____

Name: _____ Grade: ____ Rel. Ed. Teacher: _____

Project: _____ No. of Hours: _____ Date of Service: _____

What did you do? What are your feelings about this service experience? Would you do it again?

Signature of service recipient: _____

Project: _____ No. of Hours: _____ Date of Service: _____

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