

Student's Name:(Print)

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Please send the Activity Sheet to sslthetacyfoundation@gmail.com for approval by Tacy Foundation Staff.

The Tacy Foundation **SSL Activity**: Community Service Projects

Student Name (Print very clearly on this form): _____

Address: Street/City/State/ZipCode_____

Parent Signature: _____ Site Supervisor: Jenny Utz

Print Parent Name:_____.

| Description of SSL Activity for Approval | Date of Service: Mm/dd/yy | Start Time of Service | Finish Time of Service | Total Time (Cannot exceed MCPS limit. | SSL credit Yes or No |
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