

STEWARDSHIP TIME SHEET

NAME _____

DATE _____

SERVICE _____

TOTAL HOURS _____

ADULT'S SIGNATURE _____

ADDRESS _____

PHONE # _____

DATE _____

SERVICE _____

TOTAL HOURS _____

ADULT'S SIGNATURE _____

ADDRESS _____

PHONE # _____

DATE _____

SERVICE _____

TOTAL HOURS _____

ADULT'S SIGNATURE _____

ADDRESS _____

PHONE # _____

DATE _____

SERVICE _____

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