

Alpha Gamma Sigma

ΑΓΣ

Hours Log

Please **Print** Clearly

First Name: _____ Last Name: _____

Please fill out a space on this page after completing a community service or fundraising activity.
Remember to check whether the activity was completed through AGS or through another organization.

IMPORTANT!

You must turn this page in to the Membership Secretary within three (3) weeks of completing the *first* activity on this sheet. It doesn't matter if this page isn't full, you can always begin a new sheet after you turn this one in!

Thank You!

AGS

Other

Activity: _____

Date: _____ Approval: _____

Duties: _____

Time Start: _____ Time End: _____ Total Hrs: _____

AGS

Other

Activity: _____

Date: _____ Approval: _____

Duties: _____

Time Start: _____ Time End: _____ Total Hrs: _____

AGS

Other

Activity: _____

Date: _____ Approval: _____

Duties: _____

Time Start: _____ Time End: _____ Total Hrs: _____

Total for page: _____ hrs.

Στυδεντς ωηο εχχεεδ τηε ρεθυριεδ 15ηρ. μινιμυμ αρε μορε χομπετιτιβε φορ Σχηολαρσηηις ανδ Αωαρδς ατ τ ηε ενδ οφ τηε σεμεστερ.