Hands on Service
Assembly Hours Chart

Assembly Name/Number _____

Mother Advisor's Signature _____

_____ total service to BCRF

_____ total service to community with Rainbow activities

_____ total service to community outside Rainbow activities

Name	Age	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	TOTAL

Mail completed form by June 1st to:

Melissa Rowe
PO Box 13008
Des Moines, WA 98198
directorsvcprjcts@speakeasy.net