Hands on Service
Assembly Hours Chart

Assembly Name/Number _____

Deputy'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	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY

Mail completed forms to:
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