

**Best Community Service Event Award**

Event Date

**NAME:**

**STUDENT BRANCH:** **ADVISORS**

Number of people that attended

General Description of the Community Service and who was benefited:

Number of Dollars Raised (If applicable)

Photos are encouraged. A maximum of 4 photos will be accepted.

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| Submit to the registration desk at conference**.** | **Be sure to include this completed sheet.** |
|  |  |

**SUBMITTED BY:** Date