Camp Fire USA
Today's kids. Tomorrow's leaders.

SNOHOMISH COUNTY COUNCIL
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Older Youth
Individual Service Record

Name_____ Phone_____ Today's Date_____

Date(s)	Service Activity	Agency/Group Served	Hours	Advisor Signature

I, the undersigned, do hereby attest by my signature that all information listed on this form is true and correct.

_____ _____
Signature Date