

LOWCOUNTRY JUNIOR TEAM TENNIS COMMUNITY SERVICE

Please print all information and then have your project supervisor sign the form. Forms should be returned to your school, church, or organization for tracking community service hours.

Student: _____

Organization/Event: _____

Name, position, & phone number of Supervisor: _____

Type of service: _____

Number of hours: _____ Date: _____

Signature of Supervisor: _____

Lowcountry Junior Team Tennis
2483 Kings Gate Lane
Mt Pleasant, SC 29466
Attention: April Gift, USTA JTT Coordinator
Ph: 843-352-2482