As of September 11, 2017

Lake Central
Theatre Company
8260 Wicker Avenue ☆ St. John, Indiana 46373
(219)365-8551 x2733 ☆ drama@lcscmail.com

LCTC Volunteer Hours Confirmation Form

Name of Thespian:_____(First & Last)
Grade:_____ Inducted into Troupe(circle one) **YES** or **NO**
Date: _____ # of Hours Earned: _____

Volunteer Location:

Brief Description of the Service Activity:

_____ _____
Printed Name of Coordinator / Supervisor **Date**

_____ _____
Signature of Coordinator / Supervisor **Date**

_____ _____
Signature of Thespian **Date**

_____ _____
Signature of Officer (If Present) **Date**