SERVICE PROJECT DESCRIPTION FORM

FCF TRAPPERS BRIGADE

NAME _____ Page ___ of ___

Date	Events	Local *	Non-Local *	Hours	Points **

PAGE SUB TOTALS

	Hours	Points
In Town Hours		
Out of Town Hours		
		Sub Total Points

* ***Note***: Mark either the Local **or** Non-Local Column

** ***Note***: 1/2 point per Local Hour **&** 1 point per Non-Local Hour