 **Kappa Kappa Psi National Honorary Band Fraternity**

 **Kappa Delta Northwest Missouri State University**

**Service Hour Completion Form**

Name: Date Completed:

Service Project: ­­­­­­­­­­­.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Active Member Completed Service Hour) (Date)

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(Individual worked with) (Date)

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(Kappa Delta Vice President for Service) (Date)