

NAME: _____

**PTSA STUDENT REPRESENTATIVE COUNCIL (SRC)
Record of Service Hours**

Date	Activity	# Hours

Final Total _____

Check the following if you are eligible for a certificate:

_____ **I am a member of the PTSA**

_____ **I have attended at least 3 PTSA Executive Board Meetings**
Dates attended _____

_____ **I have completed at least 5 PTSA-related service hours**

PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE

I certify that the information I am submitting is correct

Signature

Date