



WATERFORD PROJECT

SUMMARY SHEET



Student's Name: Year

RE Teacher: Total Hours:

Activity (eg: Coast Shelter, donating blood)	Hours	Date/s	Supervisor's name, signature and phone number. Comment is encouraged (but optional)
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:
	Total Page Hours:		Name: Signature: Contact Number: Comment:

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	Total Page Hours:		Name: Signature: Contact Number: Comment: