David E. Pritchett Community Service Award 20____

To qualify for this award, complete the following application. List community service hours, number of members involved per service, and total club hours per service for both youth members and adults. Place a check in the event column to indicate if the event was completed on the local, county or state level.

CLUB NAME: _____ **LEADER**: _____ **PHONE**: _____

	Number Involved Per Service		Total Club Hours Per Service		Event Service Level (Check One)		
COMMUNITY SERVICE ACTIVITY	**YOUTH**	**ADULT**	**YOUTH**	**ADULT**	**LOCAL**	**COUNTY**	**STATE**

Pritchett Award Application continued

COMMUNITY SERVICE ACTIVITY	Number Involved Per Service		Total Club Hours Per Service		Event Service Level (Check One)		
	YOUTH	ADULT	YOUTH	ADULT	LOCAL	COUNTY	STATE

Pritchett Award Application continued

COMMUNITY SERVICE ACTIVITY	Number Involved Per Service		Total Club Hours Per Service		Event Service Level (Check One)		
	YOUTH	ADULT	YOUTH	ADULT	LOCAL	COUNTY	STATE