



FORM FOR COMMUNITY SERVICE RECOGNITION



Head Coach _____
first middle last

School _____
Address _____ City/Zip Code _____

E-Mail _____ Home Ph: _____ Work Ph: _____

Member MSHSCA? _____ Yes; _____ No. Member MFCA? _____ Yes; _____ No.

Class: 9M; A; 2A; 3A; 4A; 5A; Conference _____

Community Service Project:

Supervisor: _____ Date(s): _____ Number of players involved: _____

Describe Project: _____

Purpose/Goal: _____

Community Feedback: _____

Submitted by: _____
Head Football Coach

Return to: **Beau LaBore, 2665 Woodlane Drive, Woodbury, MN 55125** or blabore@sowashco.k12.mn.us