TRTA Community Volunteer Service Committee

District Annual Report Form

District Community Volunteer Service Committee Chairman _____

District_____Phone _____ Address_____

Submit by MARCH 1 to State TRTA Community Volunteer Service Committee Representative

HOURS TO BE REPORTED FOR TIME PERIOD JANUARY 1 THROUGH DECEMBER 31

List each Local Unit in your District.

Save Form

LOCAL UNIT	TOTAL HOURS	LOCAL UNIT	TOTAL HOURS

TOTAL NUMBER OF LOCAL UNITS PARTICIPATING IN DISTRICT: _____

GRAND TOTAL OF CVS HOURS FOR DISTRICT: 0