

2016 Holiday Camp Volunteer Log

Volunteer Name (Parent/Guardian): _____

Address: _____

Phone No.: _____

Camper's Name: _____

Date	Volunteer Activity	Hours/Minutes (To the closest quarter hour)	Signature (Director or Board Officer)

Return to: Holiday Camp
Attn: Joshua Vance
1101 S. Raisinville Rd.
Monroe, MI 48161

Questions:
734-242-5799