



## King's College Student Government Service Project Form

Date: \_\_\_\_\_

Class, Club or Organization Name: \_\_\_\_\_

Date of Project: \_\_\_\_\_

Name and Location of Recipient of Services:

\_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

The following Signatures are required:

President \_\_\_\_\_

Treasurer \_\_\_\_\_

Advisor \_\_\_\_\_

Representative on Receiving Charitable Organization \_\_\_\_\_