

**WESTERN MINNESOTA STEAM
THRESHERS REUNION
VOLUNTEER TIME SHEET**

Please Place in Drop Box - or - Mail to Secretary
As Soon As Possible After Hours Are Filled In.

Date Submitted:	Month	Day	Year	

Volunteer Name:	
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Credit Hours to Camper Location #:	
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Credit Hours to Member Number:	
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Project Description:	
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Brief Description Of What You Did On This Project

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Hours Spent On This Project

Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Sunday Date
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Project Coordinator:	
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