



Student's Name: Year:

RE Teacher:

WATERFORD PROJECT SUMMARY SHEET - 2016



Activity (eg: Donnison St, donating blood)	Hours	Date/s	Supervisor's name, signature and phone number. Comment is encouraged (but optional)
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:
			Name: Signature: Contact Number: Comment:

