

****IS YOUR NAME AT THE BOTTOM?****

St. Michael Stewardship

Month_____Year_____

School Stewardship Hours

Date Activity Time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parish Stewardship Hours

Date Activity Time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours: School _____ Parish _____

Name _____

Signature _____

****DID YOU SIGN YOUR NAME?****

****IS YOUR NAME AT THE BOTTOM?****

St. Michael Stewardship

Month_____Year_____

School Stewardship Hours

Date Activity Time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parish Stewardship Hours

Date Activity Time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours: School _____ Parish _____

Name _____

Signature _____

****DID YOU SIGN YOUR NAME?****