



Local Name: \_\_\_\_\_ State: \_\_\_\_\_

**Local CMN & Other Community Service Projects, Hours & Dollar Amount Raised**

Local Contestant Name	CMN Hours (Est.)	CMN Amount Raised	Other Community Service Project Name	Other Community Service Project Hours (Est.)	Other Community Service Amount Raised	Total Hours	Total Amount Raised
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
<b>Total CMN Hours &amp; Amount Raised</b>			<b>Total Other Hours &amp; Amount Raised</b>				