

2010 Miss Louisiana

Community Service Report

Due at State Meeting

Contestant: _____ Local: _____

Local CMN & Other Community Service Projects, Hours & Dollar Amount Raised							
Event or Project Name	CMN Hours	CMN Amount Raised	Other Community Service Project Name	Other Community Service Project Hours	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							
Total CMN Hours & Amount Raised			Total Other Hours & Amount Raised				

Note: This form is for Local Service Hours only. There is a separate form for State Service Hours. Please do not combine State and Local Service Hours.