



United States Naval Sea Cadet Corps

Ghostriders Squadron



Ghostriders Squadron COMMUNITY SERVICE REPORT

Member Name & Rank

Name of Organization

Description of Work Performed:

Time Reported

Date Reported

Organization Signature

Time Departed

Date Departed

Organization Signature

OFFICE USE ONLY

Date Received

Hours
Authorized

Admin Officer
Signature

Comm. Service Report

Admin
Remarks

CO Signature