

Service Report

Date of Service: _____ Chapter: _____

Location: _____

Person to whom service was given: _____

Phone number of person receiving service: _____

Individual Service – Arrowman’s name: _____

Group - Number of arrowmen present: _____ (Min. 3 - Attach sign-in sheet)

Group’s OA Project Coordinator: _____

1) Start Time: _____ End Time: _____ Hours: _____

2) Start Time: _____ End Time: _____ Hours: _____

(If more detail, attach log sheets(s) to Service Report.) Total: _____

Service Feather - () White () Green () Red () Yellow () Blue () Black
(Group event only; one feather per form; instructions on reverse side)

Description of service rendered: _____

Instructions: This form must be approved by the Lodge Service Committee Chairman within two months of the date of service. **Deliver the form at the next Lodge Executive Committee meeting or mail to: Detroit Area Council, Order of the Arrow, 1776 W. Warren, Detroit, MI 48208.**

Approval: _____ Date: _____

Signature of person to whom service was given: _____

Comments: _____

