CONVAIR WATERSKI CLUB
INDIVIDUAL WORK CREDIT LOG

NAME_____

DATE OF WORK	DESCRIPTION AND NATURE OF WORK PERFORMED	HOURS THIS EVENT	CUMULATIVE HOURS	CONFIRMATION (AUTHORIZED SIGNATURE)

_____	**HOURS OF WORK CREDIT APPLIED TO:**	_____	**DATE OF EVENT**	_____

APPROVAL:

_____

PRESIDENT, COMMISSIONER, TRIP LEADER, ETC.

1/14/03