

# Local Contestant CMN and Community Service Report

Please estimate hours and monies you have raised over the last 12 months

Contestant Name: \_\_\_\_\_

CMN Hours: \_\_\_\_\_

CMN Amount Raised: \_\_\_\_\_

Other Community Service Projects: (Please list)

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Other Community Service Project Hours: \_\_\_\_\_

Other Community Service Amount Raised: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Total Amount Raised: \_\_\_\_\_