



## SFCS Key Club Project Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROXIMATE START/FINISH TIMES: \_\_\_\_\_

**BRIEF** DESCRIPTION OF PROJECT:

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ADULT SUPERVISOR'S NAME: \_\_\_\_\_

ADULT SUPERVISOR'S SIGNATURE: \_\_\_\_\_

FACULTY ADVISOR/OFFICER SIGNATURE: \_\_\_\_\_

POINTS: \_\_\_\_\_



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