

**ABC Raceway
Hours Worked Form**

Completed sheets must be turned in to Katie Stuart, secretary.

Name: _____

Date worked: _____ Hours Worked: _____ Project/Area Worked On: _____

Signature of Board Member To Certify: _____

Date worked: _____ Hours Worked: _____ Project/Area Worked On: _____

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Signature of Board Member To Certify: _____

Worker's signature for work completed above: _____

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