

**ABC Raceway  
Hours Worked Form**

Completed sheets must be turned in to the secretary, no later than November 30.

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

Date worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Project/Area Worked On: \_\_\_\_\_

Signature of Board Member To Certify: \_\_\_\_\_

Date worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Project/Area Worked On: \_\_\_\_\_

Signature of Board Member To Certify: \_\_\_\_\_

Date worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Project/Area Worked On: \_\_\_\_\_

Signature of Board Member To Certify: \_\_\_\_\_

Worker's signature for work completed above: \_\_\_\_\_

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