



CELEBRATION OF SERVICE

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SCHOOL ADMINISTRATOR

Name: _____

School presently serving: (Name & City) _____

Year you began teaching _____

Year you began teaching in the California-Nevada-Hawaii District: _____

Highlights about your ministry: _____

5 years

10 years

15 years

20 years

25 years

30 years

35 years

40 years

45 years

50 years

Office Use:

Total years _____

Photo requested _____

Date Received _____

In the year 20 _____ I will celebrate the above anniversary.