

American Judicial Alliance Master Statesman Program GCF

Name: \_\_\_\_\_ Identification #: \_\_\_\_\_ Activity: \_\_\_\_\_

Attach a description explaining your participation in the activity and how it impacted you and/or others. This is in addition to the specific requirements for each activity.

Signature of parent/guardian verifying completion of activity:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of student verifying completion of activity:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of additional person verifying completion of activity (if applicable):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of additional person verifying completion of activity (if applicable):

\_\_\_\_\_ Date: \_\_\_\_\_

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