

# T.I.G.E.R. Pride!

*CVMS Positive Action Program*

## Activity Verification Form

Last name: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Advisor: \_\_\_\_\_

*I hereby certify that the above named student is an active member in good standing of the above named activity.*

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

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