Earl Haig Physical and Health Education Summative 20/30/40 Evaluation: **5% of Summative Mark** 

Name:		
Grade:	Teacher:	



## **VERIFICATION OF PARTICIPATION**

## YOU MUST PRINT THIS SHEET.

A HARD COPY MUST BE SUBMITTED. NO DIGITAL COPIES WILL BE ACCEPTED.

This is to verify that	has
Student name	
successfully participated in the following event:, 20	on
date	
Contact Name:	
Contact Number	