|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY :** {program\_name} | | | | | | | | **DATE:** {date1} | |
| **NO.** | **NAME** | **OFFICE/AGENCY** | **{date1}** | **{date2}** | **{date3}** | **{date4}** | **{date5}** | **GENDER** | **CELLPHONE NO.** |
| {#attendees}{index} | {full\_name} | {agency\_office} | {remark1} | {remark2} | {remark3} | {remark4} | {remark5} | {gender} | {cellphone\_no}{/attendees} |

{page}

I hereby certify the correctness of the foregoing event and date:

**SANTIAGO M. MELLA, JR**

MDRRM OFficer