

Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: Texas A+M ^{National} Judo Competition

Organization: _____

Type of Service: _____

Describe your service activities:

I helped sell t-shirts for the A+M Judo team. I also ~~assured~~ helped direct attendees around the building/competition.

Purpose of Event:

This is a national competition that is hosting Judo teams from 11 different states around the U.S.

Date of Service: 3/11/17 Start time: 8:00 AM End time: 11:00 AM

Total Hours: 3

Supervisor Information

Name: Bob Perez

Position: Tournament Director - NCJA Championships

Phone: 979-218-4582

OR

Email: bob.perez@tamv.edu

Signature:  Date: 3/11/17

Student Information

Name: Margaret Tramm

Signature: 