



# GOLD RIVER SECONDARY SCHOOL

## Passport to Education

201 Muchalat Drive, Box 700, Gold River, B. C. V0P 1G0  
Tel. (250)283-2538 Fax (250)283-7158

### Confirmation of Physical Activity

(can be a team, club or individual)

I would like to confirm that \_\_\_\_\_ has completed \_\_\_\_\_ hours of  
**Moderate to Intense** physical activity.

Club/Team or Organization name: \_\_\_\_\_

The type of physical activity was: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The activity was completed on, or between the following dates: \_\_\_\_\_ - \_\_\_\_\_

Name of Teacher / Coach or Supervising adult: \_\_\_\_\_ (print clearly)

Contact Phone number(s) of supervisor: \_\_\_\_\_ or \_\_\_\_\_

Performance comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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