

WA State GEAR UP  
**Other-NGUW or Other-Celebratory Events**



<b>Staff Name:</b>		<b>School Name:</b>	
<b>Activity Type:</b>	<input type="checkbox"/> Other - NGUW <input type="checkbox"/> Other - Celebratory	<b>Service Type:</b>	<input type="checkbox"/> Group Support <input type="checkbox"/> 1:1 Support

	<b>Student Name (Printed)</b>	<b>Student Signature (Required)</b>	<b>Grade Level</b>
1.			
2.			
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20.			

I certify that the above students participated in this activity.

GU Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_