

## YLF ALUMNI INVOLVEMENT & ACHIEVEMENT CARD

Name \_\_\_\_\_ Date \_\_\_\_\_

What activity did you do? \_\_\_\_\_

Location of activity \_\_\_\_\_

Length of time \_\_\_\_\_

Supervisor or witness signature \_\_\_\_\_

YLF alumni signature \_\_\_\_\_



*Mail to: GCPD, 400 E. Campus View 3GC Columbus, OH 43235*

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