

NSM Ambassadors Activity Certification

To be completed by an official representative of the activity in which you are participating.

Ambassador: _____

Activity: _____

Date(s): _____

Description:

Time in: _____ **Time out:** _____

Certifying Signature _____

Phone # _____

Ambassador: please return form to NSM Advancement Coordinator

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To be completed by an official representative of the activity in which you are participating

Name: _____

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