



HEALTH CLASS VERIFICATION FORM

NAME _____ PHONE # _____

E-MAIL _____

**Please fill out the section below for 1/2 wellness point
(You may complete more than one form for additional classes.)*

Name of Class _____

Description of Class

How has it helped you to become healthier? What improvements have you made?

INSTRUCTOR SIGNATURE _____

I certify that the above information is correct

_____ Signature

_____ Date