

# The Congressional Award Record Book

Candidate: \_\_\_\_\_

## VALIDATION OF ACTIVITY HOURS

### Physical Fitness

Describe your **goal**: \_\_\_\_\_  
 \_\_\_\_\_

Describe your **activities** to achieve your goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe how your **skill level changed**: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Months of Activity** (denote hours logged by month ↓)

**Total Hours** (only report **NEW** hours): \_\_\_\_\_

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

*If your activities for this goal span more than four years, please copy this page as needed*

#### VALIDATOR INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State, Zip

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Validator **Comments**: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the hours, activities and goal as stated above were completed by the candidate:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Validator's Signature

*Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than **two** goals are allowed in Physical Fitness per submission.*