



**MEMORIZATION AFFIDAVIT
GOLDEN LAMB AWARD
(Book of John)**

School _____

School Address _____

Customer Number _____

Contact Number _____

CHAPTERS	DATE QUOTED	STAFF SIGNATURE
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According to Student Guidelines, _____ has
Student's Name

successfully quoted from memory the required Scripture for this event during the school year of _____.

School Administrator's Signature

Supervisor's Signature

*This form requires the signatures of the Learning Center Supervisor **and** the School Administrator.
* This may be photocopied.*