



**2024 ACSJ EXTERNAL CCA
ATTENDANCE TERM 1**

Name:	Class:
Coach Name:	Activity:
Club/Academy/Federation Name & Stamp:	

***Coaches to sign on date of attendance & indicate training duration/competition name.**

SUN	MON	TUE	WED	THUR	FRI	SAT
7/1	8/1	9/1	10/1	11/1	12/1	13/1
14/1	15/1	16/1	17/1	18/1	19/1	20/1
21/1	22/1	23/1	24/1	25/1	26/1	27/1
28/1	29/1	30/1	31/1	1/2	2/2	3/2
4/2	5/2	6/2	7/2	8/2	9/2	10/2
11/2	12/2	13/2	14/2	15/2	16/2	17/2
18/2	19/2	20/2	21/2	22/2	23/2	24/2
25/2	26/2	27/2	28/2	29/2	1/3	2/3
3/3	4/3	5/3	6/3	7/3	8/3	9/3

Training Schedule: <small>(Please state day(s) & time)</small>	Sessions Present: _____ Sessions Absent: _____ Total No. of Sessions: _____ Total Hours Attended: _____	Parent/Guardian's Signature:
For Official Use Only: _____ of class _____ have fulfilled/not fulfilled the following criteria: 1) Attended training sessions at least once a week 2) Each training session to last at least 1 hour		Mr Alwyn Tan (Subject Head CCA) Date: _____