



2024 ACSJ EXTERNAL CCA ATTENDANCE TERM 2

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
	18/3	19/3	20/3	21/3	22/3	23/3
24/3	25/3	26/3	27/3	38/3	29/3	30/1
31/3	1/4	2/4	3/4	4/4	5/4	6/4
7/4	8/4	9/4	10/4	11/4	12/4	13/4
14/4	15/4	16/4	17/4	18/4	19/4	20/4
21/4	22/4	23/4	24/4	25/4	26/4	27/4
28/4	29/4	30/4	1/5	2/5	3/5	4/5
5/5	6/5	7/5	8/5	9/5	10/5	11/5
12/5	13/5	14/5	15/5	16/5	17/5	18/5
19/5	20/5	21/5	22/5	23/5	24/5	25/5

Training Schedule: <small>(Please state day(s) & time)</small>	Sessions Present: _____ Sessions Absent: _____ Total No. of Sessions: _____ Total Hours Attended: _____	Parent/Guardian's Signature:
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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: _____
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