



2024 ACSJ EXTERNAL CCA ATTENDANCE TERM 3

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

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: _____	