



2024 ACSJ EXTERNAL CCA ATTENDANCE TERM 4

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

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: _____