



## 2021 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
14/3	15/3	16/3	17/3	18/3	19/3	20/3
21/3	22/3	23/3	24/3	25/3	26/3	27/3
28/3	29/3	30/3	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	26/5	27/5	28/5	29/5

<b>Training Schedule:</b> (Please state day(s) & time)	<b>Sessions Present:</b> ____ <b>Sessions Absent:</b> ____ <b>Total No. of Sessions:</b> ____ <b>Total Hours Attended:</b> ____	<b>Parent/Guardian's Signature:</b>
<b>For Official Use Only:</b> _____ 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	<b>Mr Alwyn Tan</b> <b>(Subject Head CCA)</b> Date: _____	