

2022 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
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	1/3	2/3	3/3	4/3	5/3
6/3	7/3	8/3	9/3	10/3	11/3	12/3
13/3	14/3	15/3	16/3	17/3	18/3	19/3

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