JUNIOR CLUB PROGRAM- ATTENDANCE FORM

CLUB _____ COACH _____

SESSION TIME _____ SCHOOL TERM/YEAR _____

Date											
NAME	1	2	3	4	5	6	7	8	9	10	11
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
16											
17											
TOTAL/WEEK											

SQUASH SA USE ONLY

AVERAGE # OF STUDENTS/TERM _____ RECIEVED DATE _____

ELIGIBLE REBATE _____ PROCESSED DATE _____

TOTAL REBATE _____

PLEASE RETURN THIS FORM TO SQUASH SA BY THE END OF EACH SCHOOL TERM TO RECIEVE THE INCENTIVE PAYMENT

JUNIOR CLUB PROGRAM- ATTENDANCE FORM

NAME	1	2	3	4	5	6	7	8	9	10	11
18											
19											
20											
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37											
38											
39											
TOTAL/WEEK											