

# JUNIOR CLUB PROGRAM- ATTENDANCE FORM 2017

CLUB \_\_\_\_\_  
SESSION TIME \_\_\_\_\_



COACH \_\_\_\_\_  
SCHOOL TERM \_\_\_\_\_

Date											
NAME	1	2	3	4	5	6	7	8	9	10	11
1											
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16											
17											
<b>TOTAL/WEEK</b>											

**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

NAME	1	2	3	4	5	6	7	8	9	10	11
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**JUNIOR CLUB PROGRAM- ATTENDANCE FORM 2017**

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<b>TOTAL/WEEK</b>												