ATTENDANCE CHECKLIST

|  |  |
| --- | --- |
| TRAINING SESSION | |
| DATE |  |
| TIME |  |
| CLUB |  |
| TEAM NAME/AGE GROUP |  |
| COURT |  |
| PERSON COMPLETING THIS FORM |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ATTENDANCE DETAILS | | | | |
|  | PARTICIPANT NAME | CONTACT NUMBER | YES | NO |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |

I affirm that the above register of attendance for this session has been confirmed and is true and correct.

Print name and position: ............................................................................................................................................

Signature: ........................................................................................................