

Junior Team Clinic & Practical Attendance Record

CLUB/TEAM NAME: _____

TEAM REP: _____

COACH: _____

CLUB DIRECTOR: _____

REFEREE

SCOREKEEPER

*****Please print your name clearly below*****

CLINIC

Clinic Site: _____

Clinician: _____

Clinic Date: _____

PRACTICAL

Practical Site: _____

Clinician: _____

Practical Date: _____

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