Think --- Move --- Achieve ---

CHAMPS Sports and Fitness Program Student Attendance Form

Date:				
School:		, 	Sport:	
Coach: _				

Student must print then sign their name.

STUDENT ATHLETE NAME		STUDENT SIGNATURE	
1			
2			
3		:	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19	1		
20	*****		
21			
22			
23			
24		****	
.25			
26			
27			
28			
29			
30			