

CALGARY SPARTANS COACHES CHECKLIST FOR

ATHLETE'S CONTRIBUTIONS

Please complete the following information, and give it – together with the money collected – to Administrator. Thank you.

NAME OF MEET: _____

PLACE: _____

DATE(S): _____ AMOUNT DUE BY EACH ATHLETE: \$ _____

COACH: _____

TO BE COMPLETED BY COACH						FOR ADMIN
#	NAME OF ATHLETE	\$ PAID	CASH	CHQ	O/S	DATE O/S PAID
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						