# Club Team Practice Verification

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name/phone number/e-mail address for club coach:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaches: Please write down how many days the swimmer was at practice for each week and initial it. Thanks!

Claire Scarpa and Noelle Keller, MHS Swim Coaches

(609) 466-7602 x6890

cscarpa@mtsd.us or nkeller@mtsd.us

| Week of…. | # of days swimmer was at practice this week | Coach’s initials |
| --- | --- | --- |
| Nov. 15 |  |  |
| Nov. 22 |  |  |
| Nov. 29 |  |  |

SWIMMERS… it is **your** responsibility to make sure that you get this paper filled out on a weekly basis!!! You MUST turn it in to your folder for verification on the Monday of the week after you had it signed!

# Club Team Practice Verification

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Week of…. | # of days swimmer was at practice this week | Coach’s initials |
| --- | --- | --- |
| Dec. 6 |  |  |
| Dec. 13 |  |  |
| Dec. 20 |  |  |
| Dec. 27 |  |  |

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# Club Team Practice Verification

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Week of…. | # of days swimmer was at practice this week | Coach’s initials |
| --- | --- | --- |
| Jan. 3 |  |  |
| Jan. 10 |  |  |
| Jan. 17 |  |  |
| Jan. 24 |  |  |

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# Club Team Practice Verification

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Week of…. | # of days swimmer was at practice this week | Coach’s initials |
| --- | --- | --- |
| Jan. 31 |  |  |
| Feb. 7 |  |  |
| Feb. 14 |  |  |

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