

CALGARY SPARTANS COACHES CHECKLIST FOR

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| 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 |
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