Appendix C

Attendance- Twin Centre Hericanes

Date of Activity(MM/DD/YYYY) _____ **Time of Activity _____am/pm**

Location(i.e Arena) _____

Lead Persons Name _____ **Lead persons Contact# _____**
Lead persons email _____

Name of Person in Attendance	Role i.e coach/ player/parent	Contact phone number (please print clearly)	Contact Email (please print clearly)	Screening questionnaire successfully completed and passed

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