Coach: _____

Date	Program Name	Brief Description of Activity	Program Venue	Number of Paddlers	Time Commenced	Duration (hrs)	Any Reportable Incidents or Injuries?	CLUB ADMIN USE ONLY			
								Rate ($/hr)	Total Paid	Signed and Dated (Coaching Coordinator or Club Exec)	Cheque No.
							Y / N				
							Y / N				
							Y / N				
							Y / N				
							Y / N				
							Y / N				
							Y / N				
							Y / N				
							Y / N				