



Dean of Students' Office
Sports Team Assistance Scheme (STAS)

Sports Team Monthly Attendance Record

_____ Team (*M/ W/ Mixed) _____ (Month) _____ (Year)

Notes on completing this record form:

1. Please PRINT the Student full name and ID.
2. Please ask the members to **SIGN** to record their attendance. Team Captain/ Representative please **mark "X" for the absence**.
3. Please use separate sheets for Men's and Women's Teams.
4. Please use additional sheet(s) if there are more than 22 Team Members.

Only Team Practice that has been **endorsed by Sports Development, DSTO** can count **HMAW1905** Course hours.

Student		HMAW1905 (Y/N) #	Date (e.g. 30/9)							
Full Name	ID									
e.g. CHAN Tai Man	12345678	N	gm	gm	X	X	gm	gm	X	gm
1.										
2.										
3.										
4.										
5.										
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7.										
8.										
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11.										
12.										
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14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
Total Present										
Team PIC		Name								
		Signature								
Signature of Part-time Team Coach										

Submitted by Team Captain/ Representative: _____ (Name and Signature) Date: _____

Endorsed by DSTO Sports Team Manager: _____ (Name and Signature) Date: _____