



**Tchoukball Association  
Of Singapore**

**COACHING FEE CLAIM FORM (Updated as of 1 Jan 2014)**

NAME OF COACH: \_\_\_\_\_

ORGANISATION/ SCHOOL: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

S/N	DATE	DAY	CLASS (IF ANY)	TIME	HOUR	NO. OF PARTICIPANTS	IN-CHARGE SIGNATURE	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Date: \_\_\_\_\_ Total Number of Hours: \_\_\_\_\_ Coach's Signature: \_\_\_\_\_

**For GROUP PROJECT - 2 or more coaches** (use below table)

TIME: _____		HOURS: _____			
S/N	NAME OF COACH(ES)	DATE	NO. OF PARTICIPANTS	IN-CHARGE SIGNATURE	REMARKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					