

**TEAM ROSTER**

CLUB	
TEAM NAME	

COACH'S NAME	HOME NUMBER	CELL NUMBER	EMAIL ADDRESS

ATHLETE NAME / WEEKLY ACTIVITY GOAL LEVEL	WK 1 NOTES	WK 2 NOTES	WK 3 NOTES	WK 4 NOTES

AUTOMATED PLAYER COUNT	NOTES:
6	

#	ATHLETE'S NAME	BEST CONTACT DAY/TIME	HOME NUMBER	CELL NUMBER	EMAIL ADDRESS	PARENT/CAREGIVER NAME
1	0					
2	0					
3	0					
4	0					
5	0					
6	0					

**PHYSICAL ACTIVITY WEEKLY GOAL POINTS ACHIEVED (100PTS=COMPLETING GOAL)**

ATHLETE'S NAME	WEEK 1	WEEK 2	WEEK 3	WEEK 4	INDIVIDUAL ATHLETE TOTAL
0					0
0					0
0					0
0					0
0					0
0					0
<b>IF ALL ATHLETES ACHIEVED WEEKLY GOAL ADD 50 BONUS PTS HERE</b>					<b>0</b>
	0	0	0	0	

**WEEKLY BINGO POINTS ACHIEVED**

ATHLETE'S NAME	WEEK 1	WEEK 2	WEEK 3	WEEK 4	INDIVIDUAL ATHLETE TOTAL
0					0
0					0
0					0
0					0
0					0
0					0

complete 1 line=10pts 4 corners=20pts x=30pts full card=50pts (max pts achievable=50pts)

<b>0</b>
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TEAM TOTAL BEFORE CHAMPS WEEK	<b>0</b>
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