



COACHING TIMESHEET

Approved:

President / Vice President / Treasurer

Approved:

Head Coach

Name: _____

Date: _____

Date	Vista Ridge / Other Location	Reg-Prov/U12 - NGSL	Hours	Comments

Total:

Office Use Only	
Hourly Rate:	_____
Total Payment:	_____

form to be submitted monthly

FORT MCMURRAY COMPETITIVE
SKI SOCIETY

BOX 5917, STN MAIN
FORT MCMURRAY, ALBERTA
T9H 4V9

INFO@FORTMCMURRAYSKITEAM.COM
WWW.FORTMCMURRAYSKITEAM.COM