

# TEXAS ROWING CENTER

## COACHING SESSION ROSTER

Each coach must complete and submit this roster to receive payment for the coaching session. Please fax the completed forms to 482-5069 or email scanned forms to

Date: \_\_\_\_\_ Practice Start Time: \_\_\_\_\_ Practice End Time: \_\_\_\_\_

Group Name: \_\_\_\_\_

### Participant Signatures:

1. \_\_\_\_\_
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