OMB Control No. 0985-0039
Exp. Date 01/31/2018

Tai Ji Quan: Moving for Better Balance Attendance Log

Facility: _____Instructor_____

Start Date: _ _/_ _/_ _ _ _ End Date: _ _/_ _/ _ _ _ _

Sessions Attended*

Participant ID: First two letters first name, , Middle Initial, First two letters of last name)	DOB	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		1	2	3	4	5	6	7	8	9	10	11	12	TOTAL Classes

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Facility: _____Instructor_____

Start Date: _ _/_ _/_ _ _ _ End Date: _ _/_ _/ _ _ _ _

Sessions Attended*

Participant ID: First two letters first name, , Middle Initial, First two letters of last name)	DOB	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		13	14	15	16	17	18	19	20	21	22	23	24	TOTAL Classes

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Start Date: _ _/_ _/_ _ _ _ End Date: _ _/_ _/ _ _ _ _

Sessions Attended*

Participant ID: First two letters first name, , Middle Initial, First two letters of last name)	DOB	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		25	26	27	28	29	30	31	32	33	34	35	36	TOTAL Classes

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Start Date: _ _/_ _/_ _ _ _ End Date: _ _/_ _/ _ _ _ _

Sessions Attended*

Participant ID: First two letters first name, , Middle Initial, First two letters of last name)	DOB	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
		37	38	39	40	41	42	43	44	45	46	47	48	TOTAL Classes