



**Erin Indoor Recreation Center Attendance Sheet**

**Organization Name:**

**Team Name (if applicable):**

**Date:**

**Time:**

**Team/Group Contact Name:**

**Team/Group Contact Information:**

**Attendees:**

- 1
- 2
- 3
- 4
- 5
- 6
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- 16
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- 22
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- 24
- 25

**\*Form must be filled out and emailed to [coordinator@eirc.ca](mailto:coordinator@eirc.ca) at the end of allotted time\***