SANTA ROSA UNITED
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Phone: (707) 541-7627 • Email: administrator@srunited.com • Web: www.srunited.com

Coaches Monthly Activity Report

Month of Activity_____
Name of Coach_____ Team Name/Age_____

Date	Activities					Name of Coach that ran the training
	Trainings/Other	Games		Tournaments		
		Opponent	Score	Opponent	Score	
	Total # of Trainings	Total # of games		Total # of tournaments		Total # of other

Players and/or coaches received red cards: yes ☐ no ☐ If yes, please fill out a report. See link Sendoff Report
Players injured during training and/or games: yes ☐ no ☐ If yes, please fill out a report. See link Injury Report

This report is due into the Santa Rosa United office by the 15th of the month and must be signed by or emailed to the team manager to be forwarded to the office.

Managers Signature: _____
E-mail to: administrator@srunited.com

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Approved by Coaching Director