



TSC Group Attendance Sheet

Today's Date: _____

Scheduled Date: _____

Select One: Field Trip Pass Event Pass Community Organization Member

Start Time: _____ End Time: _____

Name of Group / Event / Organization: _____

Group Representative: _____ Contact Phone/Email: _____

Special Room Use Requests: _____

Please specify if you'd like to designate a specific time in any of our community room spaces and we will do our best to accommodate your group's needs.

Participants (Using the Equipment)			Office Use ONLY			Guardians / Non-Participants			Office Use ONLY	
	First Name	Last Name	WL Acct	Current Waiver	Active Member	First Name	Last Name	Over 18?	WL Acct	Current Waiver
1			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
2			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
3			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
4			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
5			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
6			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
7			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
8			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
9			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
10			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
11			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
12			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
13			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
14			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y
15			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Over 18	<input type="checkbox"/> Y	<input type="checkbox"/> Y

**It is the responsibility of the individual franchisee owner to seek legal counsel in using the appropriate forms for their business and state.*



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