



# Transition Year Girls SpikeBall Leaders Award Programme

## Coaching Schedule

School Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Primary Schools involved (Minimum 3):

(Name, Address, Phone Number, Teacher)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Dates to note (school closed etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Coaching Groups

Group 1	Group 2	Group 3	Group 4	Group 5
Primary School:	Primary School:	Primary School:	Primary School:	Primary School:

Blitz Arrangement; Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue \_\_\_\_\_



