## COUNCIL OF AUSTRALIAN BASEBALL SCORERS

Approved by …….……………………………

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No. of attendees

No. sitting exam Exam date

CABS use only

*SCORING CLINIC ATTENDANCE FORM*

STSO…………....................…..……. REGION ……………………….…………… CLINIC DATE………………..……………………

VENUE……………………….………………………... FACILITATOR …………………………………………………………………………

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| **FOR FACILITATOR COMPLETION** | | | | | **Verified** **/** | | Comments |
| Name (Surname, first name) | Member s No. | Exam or clinic only | Log book | Current Level | Financial | OK to sit |
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Council of Australian Baseball Scorers