

## **BOCHK Grassroots Football Planner Programme - Coaching Practice Log Form**

Name:		Class:	Contact no.:				
Date	Service and content	Time	Place	Name of head coach	Signature	Hours	
Signature of head coach:				Name of organization :			
Name o							
Contact no. of head coach:				Official Chop:			

## Remarks:

- 1. For services other than HKFA and school, please attach leaflet of activity from the organization (if any).
- **2.** Please provide separate practice log form for each organization served.
- 3. Please mail or hand in the original copy of this form after coaching practice. HKFA will confirm the practice by email within 14 working days.