Suffolk Water Sports Association Instructor Monthly Record Sheet

Name: Address:

Month: Year:

Contact Tel: Post Code:

Please use one line for each session worked and clearly tick the appropriate boxes after the name of of the group that you have assisted, a session is normally 3 hours.

		Session								
Date	Start Time	Finish Time	Group	Lead Instructor	Instructor	Sailing	Windsurf	Kayak	Other	Signature*

Expenses will be paid monthly by cheque on receipt of your completed and signed record sheet, this needs to match the log of each group that you have worked with, as completed by the group instructor. Claims must be submitted to the Water Sports Manager after the last day of the month.

**In respect of my assistance to SWSA activities listed above, I agree that I will be responsible for accounting for any tax due in respect of the monies received.*

I certify that the
above details are correct……..……(Instructor signature) Date / /

Certified correct…… …….. (Watersports Manager signature) Date / /