

SABRE IMPROVEMENT PROGRAM COMPLETION FORM - NAME _____

DATE AND LOCATION of PRACTICES	DATE AND LOCATION of TOURNAMENTS	WEIGHT LIFTING DATES		DATE AND NAME of CAMPS
		1	2	
1	1	1	2	1
2	2	3	4	2
3	3	5	6	3
4	4	7	8	4
5	5	9	10	5
6	6	11	12	6
7	7	13	14	7
8	8	15	16	8
9	9	17	18	9
10	10	19	20	10
11	11	21	22	11
12	12	23	24	12
13	13	25	26	13
14	14	27	28	14
15	15	29	30	15
16	16	31	32	16
17	17	33	34	17
18	18	35	36	18
19	19	37	38	19
20	20	39	40	20
21	21	41	42	21
22	22	43	44	22
23	23	45	46	23
24	24	47	48	24
25	25	49	50	25
26	26	51	52	26
27	27	53	54	27
28	28	55	56	28
29	29	57	58	29
30	30	59	60	30
31	31	61	62	31
32	32	63	64	32
33	33	65	66	33
34	34	67	68	34
35	35	69	70	35
36	36	71	72	36