Club Audit: Date Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | Nursery | U 8 | U 9 | U 10 | U 11 | U 13 | U 15 | U 17 | U 18 | U 21 | Adult |
| 1 | No. of Players |  |  |  |  |  |  |  |  |  |  |  |
| 2 | No. of Teams |  |  |  |  |  |  |  |  |  |  |  |
| 3 | No. of County Organised Games per Year |  |  |  |  |  |  |  |  |  |  |  |
| 4 | No. of Challenge Games |  |  |  |  |  |  |  |  |  |  |  |
| 5 | No. of Club run Go Games/Blitzes etc. |  |  |  |  |  |  |  |  |  |  |  |
| 6 | No. of Go Games/Blitzes etc. attended. |  |  |  |  |  |  |  |  |  |  |  |
| 7 | No of Coaches per Team |  |  |  |  |  |  |  |  |  |  |  |
| 8 | No. of Weeks of Indoor Activity |  |  |  |  |  |  |  |  |  |  |  |
| 9 | No. of Indoor Training Sessions |  |  |  |  |  |  |  |  |  |  |  |
| 10 | No. of Weeks of Outdoor Activity |  |  |  |  |  |  |  |  |  |  |  |
| 11 | No. of Outdoor Training Sessions |  |  |  |  |  |  |  |  |  |  |  |
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|  | If a number of age groups overlap, please indicate with an arrow as follows | | | |  |  |  |  |  |  |  |  |
| Club Hurling Officer / liaison person:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Notes: Other initiatives, points of interest, important information etc. | | | | | | | | | | | | |