



Monthly Report Form

Name of CAP: _____

Location: _____

Name of Current Administrator(s): _____

Telephone Numbers _____

What are the opening hours of the centre: From _____ to _____

Is the centre currently operational? Yes No

Are there any major Issues with centre? Yes No

IF Yes (Explain) _____

Is all equipment in good working order? Yes No

If No Explain _____

What Type of training is being offered: _____

How can we further assist you? _____

General Comments _____

Report Prepared By: _____ Date: _____