



Event Name / Location		Date	Time
Class Title		Instructor SCA Name	
Class Length (hours)	Minimum Attendance	Maximum Attendance	Class Cost

	Student SCA Name	Attended	Pass / Fail
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	
4		<input type="checkbox"/>	
5		<input type="checkbox"/>	
6		<input type="checkbox"/>	
7		<input type="checkbox"/>	
8		<input type="checkbox"/>	
9		<input type="checkbox"/>	
10		<input type="checkbox"/>	
11		<input type="checkbox"/>	
12		<input type="checkbox"/>	
13		<input type="checkbox"/>	
14		<input type="checkbox"/>	
15		<input type="checkbox"/>	
16		<input type="checkbox"/>	
17		<input type="checkbox"/>	
18		<input type="checkbox"/>	
19		<input type="checkbox"/>	
20		<input type="checkbox"/>	