

CIRCLE YOUR SPORT

Football Softball Volleyball Basketball Outdoor Track Baseball

Play Off Pay

SCHOOL _____ JUNIOR HIGH OR SENIOR HIGH (CIRCLE ONE)

The following listed individuals have completed the requirements for partial payments of their coaching supplement.
Bi-Weekly attendance forms are on file.

Please type or print clearly

<u>NAME</u>	<u>SPORT/ACTIVITY</u>	<u>EMPLOYEE #</u>	<u>NT/T</u>	<u>WORK LOCATION</u>	<u>NO. OF PARTICIPANTS</u>
_____	<u>HEAD COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____
_____	<u>ASSISTANT COACH</u>	_____	_____	_____	_____

Games Played Rd. 1 _____ Rd. 2 _____ Rd. 3 _____ Rd. 4 _____ Rd. 5 _____

Track Regional _____

Track State _____

I certify that the above is correct report of attendance.



Principal's Signature _____ Date _____

Athletic Director _____ Date _____

Fax Number _____ System Athletic Director _____ Date _____