

**CIRCLE YOUR SPORT**

- |            |                   |               |          |          |
|------------|-------------------|---------------|----------|----------|
| Football   | Cross Country     | Indoor Track  | Baseball | Tennis   |
| Volleyball | Athletic Director | Outdoor Track | Soccer   | Softball |
| Basketball | Trainer Coach     |               | Golf     | Swimming |

SCHOOL \_\_\_\_\_ JUNIOR VARSITY 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>
_____	HEAD COACH	_____	_____	_____	_____
_____	ASSISTANT COACH	_____	_____	_____	_____
_____	ASSISTANT COACH	_____	_____	_____	_____
_____	ASSISTANT COACH	_____	_____	_____	_____
_____	ASSISTANT COACH	_____	_____	_____	_____
_____	ASSISTANT COACH	_____	_____	_____	_____

I certify that the above is correct report of attendance.

Principal's Signature _____	Date _____
Athletic Director _____	Date _____
System Athletic Director _____	Date _____



T - Teaching  
 NT - Non-Teaching

**Spring Football**  
 Pre-Season