

AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272

COACH/SPONSOR SEASON CLOSURE REPORT CENTRAL ELEMENTARY SCHOOL

Please note: This form must be completed and approved before check will be issued.

Name of Coach/Sponsor : _____

Extracurricular Activity: _____

Have all participation fees been collected? NA

Are all team uniforms collected? NA

Is all of the school equipment in storage? _____

Are all keys collected? NA

If Applicable, has the First Aid Kit been returned to the Dist Nurse? NA

Date of completion of above: _____

Sponsor/Director Signature

Principal's Signature

Approval to issue check? _____ Date: _____