

# AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272

## COACH/SPONSOR SEASON CLOSURE REPORT AMBOY HIGH 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?** \_\_\_\_\_

**Are all team uniforms collected?** \_\_\_\_\_

**Is all of the school equipment in storage?** \_\_\_\_\_

**Are all keys collected?** \_\_\_\_\_

**Has the First Aid Kit been returned to the District Nurse?** \_\_\_\_\_

**Date of completion of above:** \_\_\_\_\_

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**Coach/Sponsor Signature**

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**Athletic Director's Signature**

**Approval to issue check?** \_\_\_\_\_ **Date:** \_\_\_\_\_