

AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272

COACH/SPONSOR SEASON CLOSURE REPORT AMBOY JUNIOR 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? _____

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

Date of completion of above: _____

Coach/Sponsor Signature

Athletic Director's Signature

Approval to issue check? _____ **Date:** _____