



Please fill out form and return to Athletics Office as soon as possible

Sport _____
 Assistant Coach _____

Head Coach _____
 Assistant Coach _____

Overall: Won _____
 Overall: League _____

Lost _____
 Lost _____

Tied _____
 Tied _____

	Home/Away	Date	Opponent	Scores	Win/Loss
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Please list end of season league standings for each school in the league.

1st Place _____ 2nd _____ 3rd _____
 4th _____ 5th _____ 6th _____
 7th _____ 8th _____

Captain: _____ Statistician: _____ Manager: _____

Most Improved: _____ Most Inspirational: _____
 Most Valuable: _____

All-League Selections: _____



Varsity: Please list letterman & the total of the years that he/she has received a varsity letter.
Freshman & Jr. Varsity: List names of the athletes that completed the season.

Student #	Athlete's Name	# of Years
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	13.	
	14.	
	15.	
	16.	
	17.	
	18.	
	19.	
	20.	