



Craven County Board of Education

3600 Trent Road, New Bern, North Carolina 28562

MEMORANDUM OF AGREEMENT FOR SPORT ACTIVITY SERVICE Athletic Contract

2.5501.804.192. _____ .000.00

School Number

Coach Name: _____

Social Security #: _____ DOB ____/____/____ Race _____

Email Address: _____ Contact #: _____

Assigned School/Job Title: _____/_____

School

Job Title

_____ Fundamentals of Coaching _____ CPR/AED _____ Concussions in Sports

_____ Years of Coaching Experience

_____ Beginning Teacher (Must attach the 'Non-Instructional Duties Request' form)

_____ Community Individual (Must attach Coaching Request Form if Head Coach)

Sport Activity: _____

Begin/End Date of Agreement: _____ / _____

Begin Date

End Date

Amount: _____ / _____

To Be Paid

Per Month

Payment Cycle: _____ / _____

Beginning Month

Ending Month

Sport Activity: _____

Begin/End Date of Agreement: _____ / _____

Begin Date

End Date

Amount: _____ / _____

To Be Paid

Per Month

Payment Cycle: _____ / _____

Beginning Month

Ending Month

I, of my own free will, I am committing my time and service to participate in a school coach capacity in agreement of receipt of stipend compensation, set forth. I understand that my participation as an athletic coach is an at will agreement and may be terminated at any time, without cause.

Signature of Principal

Date

Signature of Coach Providing Service

Date

Central Services Use Only

Assistant Superintendent of Student Services Signature

Date

Assistant Superintendent for HRS Signature

Date

Board Approved _____

Denied _____

Date _____