

**END OF SEASON REPORT
AKRON CENTRAL SCHOOL**

(Please return to Wendy Pazderski, Athletics Department)

Year _____ Sport _____

Head Coach _____

Assistants _____

Length of Season _____

Scholar-Athlete Team? ☐ YES ☐ NO

Team Record _____

If YES: Team Avg. _____

League Record _____

Seniors *SELECTED* for All-WNY Scholar-Athlete:
(Please indicate Winner or Honorable Mention)

League Finish _____

_____ ☐ W ☐ HM

Team Honors _____

_____ ☐ W ☐ HM

_____ ☐ W ☐ HM

_____ ☐ W ☐ HM

Individual Honors:

Captains _____

Most Improved _____

Most Valuable _____

All League _____

Others _____

Students Signed Up _____

Students Finished _____

Students Suspended and/or Dismissed:

Suggestions for Next Year:

Comments on Season:

Serious Injuries to Note:

Equipment Missing Or In Need Of Repair:

PLAYERS RESPONSIBLE FOR EQUIPMENT NOT RETURNED

ATHLETE'S NAME	_____	ITEM	_____
ATHLETE'S NAME	_____	ITEM	_____
ATHLETE'S NAME	_____	ITEM	_____

ATHLETIC EQUIPMENT AND SUPPLIES

I WILL BE USING THIS TO BUDGET AND ORDER NEXT YEAR’S EQUIPMENT AND SUPPLIES FOR YOUR TEAM. IF THIS IS NOT FILLED OUT, I WILL TAKE IT TO MEAN THAT YOU HAVE ALL OF THE EQUIPMENT AND SUPPLIES THAT YOU NEED. DO NOT INCLUDE MEDICAL SUPPLIES.

YEARLY, ROUTINE ITEMS (Be specific – include Manufacturer, style, color, size, i.e. specific info.)

Non-Routine Items (Things that last – be as specific as possible.)

Uniform Inventory This team has _____ Home Jerseys and _____ Away Jerseys.

Condition of uniforms: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Uniforms were last replaced in: _____ Uniforms are stored in this location: _____

Other items (i.e. warmups) – please list:

PLEASE COMMENT ON FUTURE LONG RANGE NEEDS TO IMPROVE YOUR PROGRAM:

**End of Season
ROSTER/RESULTS**

	STUDENT	Grade	VAR	JV	Squad		Team Schedule	Win/Loss
1.						1.		
2.						2.		
3.						3.		
4.						4.		
5.						5.		
6.						6.		
7.						7.		
8.						8.		
9.						9.		
10.						10.		
11.						11.		
12.						12.		
13.						13.		
14.						14.		
15.						15.		
16.						16.		
17.						17.		
18.						18.		
19.						19.		
20.						20.		
21.						21.		
22.							Post Season	
23.						1.		
24.						2.		
25.						3.		
26.						4.		
27.								
28.								
29.								
30.								

Dear Coach:

At this time, would you like to be considered for the position of _____ coach for the _____ season? Please check the appropriate space below.

_____ Yes, I would like to be considered.

_____ No, I would not like to be considered.

Your step and salary schedule will be confirmed by the Superintendent's Office upon recommendation of the Athletic Coordinator. *This document does NOT serve as an application for the position. Please watch for the posting by the District Office for all athletic positions in the spring. All applicants need to apply when the positions are posted.*

Applicant_____

Date_____

I, as Athletic Coordinator, recommend _____
for the above stated position.

Signature_____

Date_____