



ATHLETIC COACH STIPEND REQUEST FORM

Please type the requested information and return the completed form to the Director of Sports and Athletics

COACH'S NAME: _____

SCHOOL: _____ VIDE WORK POSITION: _____

SPORT: _____ TITLE: Head Coach /Assistant Coach: _____

LEVEL: Varsity/Jr. Varsity/ Elementary: _____ SEX: Boys,Girls,Co-ed: _____

EMPLOYEE/VENDOR number: _____ STIPEND AMOUNT: \$ _____

DATE LEAGUE BEGAN: _____ DATE LEAGUE ENDED: _____

TOTAL AMOUNT OF PRACTICE HOURS: _____ GAMES PLAYED: _____ TOURNAMENTS PLAYED _____

MAILING ADDRESS (HOME): _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

 Coach's Signature

 Date

APPROVED/DISAPPROVED

 Department Chairperson's Signature

 Date

APPROVED/DISAPPROVED

 Principal's Signature

 Date

APPROVED/DISAPPROVED

 Director of Sports Signature

 Date

APPROVED/DISAPPROVED

 Superintendent's Signature

 Date

**Submit a copy of your signed Coaching Agreement, Team Roster and the League Schedule
*Thank you for your service!***