

**INTERSCHOLASTIC ACTIVITY REPORT**

Activity \_\_\_\_\_ Year \_\_\_\_\_

Coaches \_\_\_\_\_

Length of season: From \_\_\_\_\_ to \_\_\_\_\_

Number of contests (excluding playoffs): Away \_\_\_\_\_ Home \_\_\_\_\_

Numbers of students on squad: Seniors \_\_\_\_\_ Juniors \_\_\_\_\_ Sophomores \_\_\_\_\_  
 Freshmen \_\_\_\_\_ Eighth \_\_\_\_\_ Seventh \_\_\_\_\_

Name(s) of Captain(s) \_\_\_\_\_

Name(s) of Manager(s) \_\_\_\_\_

Place in Division \_\_\_\_\_ Number of schools in Division \_\_\_\_\_

Division record: Won \_\_\_\_\_ Lost \_\_\_\_\_ Tied \_\_\_\_\_

Overall record: Won \_\_\_\_\_ Lost \_\_\_\_\_ Tied \_\_\_\_\_

Date	Opponent	Score	
		Eden	Opp.

Date	Opponent	Score	
		Eden	Opp.

Special awards (include individual honors, new school records, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any comments and recommendations regarding facilities, equipment, staff, schedule, etc. on back of sheet.

Date \_\_\_\_\_ Coach's Signature \_\_\_\_\_

Please return completed form to Director of Athletics.



EDEN CENTRAL SCHOOL  
ATHLETIC DEPARTMENT  
INTERSCHOLASTIC AWARDS

END OF SEASON TROPHY REQUESTS

SPORT \_\_\_\_\_ COACH \_\_\_\_\_

MOST VALUABLE SENIOR: \_\_\_\_\_

MOST IMPROVED PLAYER: \_\_\_\_\_

ALL STARS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COACHES AWARD: \_\_\_\_\_

ADDITIONAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return completed form to Athletic Office by \_\_\_\_\_. Thank you.

# Stipend Authorization Form

## Eden Central School District

3150 Schoolview Road

Eden, New York 14057

Employee: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Start Date	End Date	Reason for Stipend	Amount

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BUDGET CODE