

Stanwood-Camano School District

POST SEASON TIME SHEET

Name: _____ **Today's Date:** _____

Sport/Activity: _____

School Location: _____ Length of Regular Season _____ (weeks)

I am: ___ Head Coach ___ Assistant Coach ___ 1/2 Contract Assistant Coach

Post Season Time:

_____ 1 week	Dates: _____
_____ 2 weeks	Dates: _____
_____ 3 weeks	Dates: _____

Please check one:

Number of athletes/participants on post-season team was: ___ 1-5 ___ 6 or more

Athletic Director/Supervisor Signature _____
Date

Coach/Advisor Signature _____
Date

cc: Principal/Supervisor
Personnel