





Goals for Next Season

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Program Needs/Recommendations

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Uniform Inventory

# of Uniforms Issued \_\_\_\_\_ # of Uniforms Returned \_\_\_\_\_

Condition of Uniforms

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Has all equipment issued been returned? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain

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Season Summary

	Wins	Losses	Ties
Regular Season	_____	_____	_____
League	_____	_____	_____
Post Season	_____	_____	_____
Overall	_____	_____	_____

Post Season Check List

Task	Completed
All Uniforms/Equipment have been turned in, properly packaged, and stored in appropriate storage areas	_____
Uniform inventory section of End of Season Report has been completed	_____
Written evaluations for all Assistant Coaches have been completed and Copies turned into Athletic Director	_____

Coach \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

Athletic Director \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date