

Post Season Checklist

Oscoda High School Athletics

The following forms and reports must be completed prior to release of coaches pay.

Coach _____ Date _____

Sport _____ Level _____

Keys	_____
Season Record Report	_____
Post Season Awards form	_____
Uniform Inventory	_____
Equipment Inventory	_____
Program Recommendations form	_____
Notice of Obligations	_____
Online Official Ratings	_____
Medicine Kit	_____
CPR Mask	_____
Team Rooms Cleaned	_____
Water Jugs/Bottles stored	_____
Date of Banquet	_____

Coach Signature _____ Date _____

Athletic Director Signature _____ Date _____

Season Record Report

Sport

Level

Year

Coach

[illegible]

Season Record

Conference Record

Conference Standings

1	
2	
3	
4	
5	
6	
7	
8	

MHSAA Games	Score
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District
District
District
Regional
Regional
Quarterfinal
Semifinal
Final

[illegible]

Post Season Awards

Sport

Level

Year

Coach

Athlete	Letter	Emblem	Certificate	Obligations
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Certificates for Special Awards

All-Conference

All-District

All-Regional

All-State

Academic Awards

UNIFORM INVENTORY

Sport _____

Level _____

Inventory Completed By: _____

[illegible]

Location of Uniforms:

EQUIPMENT INVENTORY

Sport _____

Level _____

Inventory Completed By: _____

[illegible]

Location of Equipment:

Program Recommendations

Sport

Level

Year

Coach

Staff

Scheduling

Facilities

Equipment

Please set aside athletic department money next year for:

I would like for the Athletic Director/Department to **Stop**....

I would like for the Athletic Director/Department to **Continue**....

I would like for the Athletic Director/Department to **Start**...