

COMBINED SCHOOLS END OF SEASON REPORT

Please submit to the Section office as follows: Fall Season - November 30

Fall Season	-	November
Winter Season	-	March 20
Spring Season	-	June 20

*All portions of this report are required to be filled out before submission.

School Year:					
Sport:					
Season: Fall Winter Spi	ring				
<u>Schools Involved</u> :	<u>Enrollment</u> : (Grades 9-11)	Classification:	Number of participants:		
Host School:					
Classification of Combined Team: (AA, A, B, C, D – use total enrollment)					
League Affiliation of Combined Team:					
1. Overall evaluation of the comb	ined program:	_			
2. Problems encountered:	-				
3. Will you combine again for this sport?					

- 4. Please include a copy of your final roster (student-athlete name, school, and grade).
- 5. Please list season win/loss record including scores of each contest:
- 6. Please include Section VI results:

Submitted by: ____ Date: ____

Please return by email to: bfadeley@e1b.org