

**LOWER CAPE MAY REGIONAL SCHOOL DISTRICT**  
**ACTIVITY FINAL-PAY REPORT FORM**  
**SCHOOL YEAR \_\_\_\_\_**

Name of Sponsor/Coach: \_\_\_\_\_

Activity: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Meeting Dates/Times/Length: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of students participating: \_\_\_\_\_

Successes, achievements, acknowledgements (include won/lost record, championship, individual honors, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Difficulties, problems, suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by Principal: \_\_\_\_\_

Approved by Athletic Director (If applicable): \_\_\_\_\_

Approved by Superintendent: \_\_\_\_\_