

**POTTSVILLE AREA ATHLETIC ASSOCIATION
END OF SEASON INFORMATION SHEET**

NAME OF SPORT: _____

HEAD COACH: _____

PAID ASSISTANT COACHES:

(Include all varsity, JV, junior high coaches and list the level of each coach)

VOLUNTEER ASSISTANT COACHES:

(Include all coaches and list the level)

AS A WHOLE WERE YOU SATISFIED WITH THE JOB THAT YOUR COACHES DID THIS PAST SEASON AND DO YOU ANTICIPATE THAT ALL COACHES WILL RETURN. IF NOT, WHAT COACHES ARE NOT RETURNING:

DID YOU HAVE ANY ISSUES WITH PARENTS AND/OR STUDENT ATHLETES THAT YOU WOULD LIKE TO MAKE THE BOARD AWARE OF:

(Please list names of parents and/or student athletes—explanation can be given at meeting)

WERE YOU SATISFIED WITH YOUR PRACTICE/GAME FACILITIES:
(Please list any improvements that you would like to see done in the off season)

**WERE YOU ABLE TO USE THE NEEDED FACILITIES (WHEN REQUESTED) FOR
OFF SEASON WORKOUTS:**
(If not, please list any issues you had with gaining facility use)

**AT THE MEETING, PLEASE FEEL TO DISCUSS ANY OTHER ITEMS RELATED TO
YOUR PROGRAM THAT ARE NOT LISTED ON THIS SHEET**