

**End of Season Head Coach Report for
Adirondack Grant Recipients**

Season: 2012 Long Course

Swimmer Name:

Club:

Head Coach:

Describe your overall impression of swimmer's commitment.

**Did he or she attend the required number of practices for their practice group?
____ How many practices per week on average did the swimmer attend? ____
How many were available? ____**

**Did the swimmer attend meets? ____ How many? ____ Did this satisfy your
team's requirements?**

Would you recommend this athlete for continued grant support?

Is there anything else you would like to add?

Head Coach Signature:

Date:

This form is required to be submitted to the AD Outreach Chair. Deadline: 10 days after District Championships. Email to generalchair@adirondackswimming.org or mail to Carolyn Manor
1017 Rosendale Rd. Niskayuna, NY 12309

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