

End of Season Head Coach Report for

Adirondack Grant Recipients

Season: (year) _____ **Short Course** _____ **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 Coordinator.

Deadline: 10 days after District Championships. Email to Sean Caron ... scaron@nycap.rr.com
