



WINCHENDON PUBLIC SCHOOLS
"Working Together"



**Athletics Department
Coaches Payment Form**

Name: _____ **Date:** _____
Address: _____

Coaching Position: _____

Stipend Amount: _____

Season		
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring

Office Use Only

☐ Keys Turned in to Office

_____ Admin. Initials

92066011-519002

Account#

Coaches Salaries

Account Name

Athletic Director Signature

Date

Business Manager Signature

Date

Central Office Forms FY2018 - Approved 6/2017