

Wakefield-Marenisco School District  
SUPPLEMENTAL COMPENSATION FOR CO-CURRICULAR SERVICES

All payments for Extra Services will be made upon the completion of those services in a lump sum payment.

This form must be completed and turned in to the Business Office before the authorization for supplemental compensation for extra services is approved.

1. Name: \_\_\_\_\_

2. Name of Co-Curricular Activity: \_\_\_\_\_

3. Does your Club/Organization have a constitution which establishes definite goals?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4. Number of Meetings/Practices held this school year: \_\_\_\_\_

5. List Co-Curricular Activities or Goals established and accomplished during the co-curricular activity period:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

6. List Co-Curricular or Extra Service Activity officers and Members:

A. President \_\_\_\_\_ Members: \_\_\_\_\_

B. Vice President \_\_\_\_\_

C. Secretary \_\_\_\_\_

D. Treasurer \_\_\_\_\_

E. Team Captain(s) \_\_\_\_\_

\_\_\_\_\_

7. Coaches Only: Inventory discussed and turned in to Athletic Director:        \_\_\_\_\_ YES        \_\_\_\_\_ NO

8. Suggestions for improving the activity sponsored or coached: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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