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