



SPORTS & ATHLETICS SECTION (FAX # 395-5892)
TEAM SEASON RECAP FORM

League: _____ Team Name: _____ Manager: _____

	<u>DATE</u>	<u>SCHED.</u> <u>GAME #</u>	<u>SITE</u>	<u>OPPONENT</u>	<u>OPPONENT</u> <u>SCORE</u>	<u>YOUR</u> <u>SCORE</u>	<u>W/L/T</u>
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Final regular season record: W____L____T____ Signed: _____ Date: _____

Note: NCC League Coordinator may request an up-to-date copy as needed during season.
Do not include incomplete/unofficial games in list above. Thank you.