

<h1 style="margin: 0;">BVAL</h1> <h2 style="margin: 0;">Soccer Season</h2> <h3 style="margin: 0;">Summary Sheet</h3>		BVAL Office Attn: Colette M. Kirk 855 Lenzen Ave. RM. 200 San Jose, CA 95126 Phone: (408) 535-4758 Fax: (408) 885-9243 E-mail: colette_kirk@sjusd.org
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School _____
 Division _____

Regular Season Results

Boys/Girls _____

	Wins	Losses	Ties
Varsity Overall Record			
Varsity Record in Division			
F/S or JV Record in Division			

	<u>Opponent</u>	<u>Win/Loss & Score</u>		<u>Opponent</u>	<u>Win/Loss & Score</u>
1				11	
2				12	
3				13	
4				14	
5				15	
6				16	
7				17	
8				18	
9				19	
10				20	

How many years coaching this sport at this school? Varsity _____ F/S or JV _____

Are you going to coach next year? _____

How many graduating? _____ Returning? _____ All League Players? _____

MVP, Senior, Junior, Sophomore or Freshman of the year? _____

Please give rationale for your choice of division: *(This rationale is essential if you are requesting to be moved to another division.)*

I understand that all member schools are required to submit to the League Commissioner this Season Summary Sheet by the listed due date. I am aware the completed report is to be signed by the principal, athletic director and coach. I know schools who do not submit the required completed forms *on time* will be fined \$25 for the first infraction, \$50 for the second infraction and \$100 for the third infraction per school year. Also, it is my understanding that schools who do not submit the form will not be allowed to appeal any league movement.

Coaches: Entering your name constitutes your signature. Principals need only sign to appeal movement.

***Head Coach Signature** _____ **Date** _____

***Athletic Director's Signature** _____ **Date** _____

***Principal's Signature** _____ **Date** _____