

**LIPSCOMB ATHLETICS COMPLIANCE PROGRAM
COMPLY WITH PLAYING SEASON (BYLAW 17)
(EXCEPT FOR BASKETBALL)**

Sport: _____

Starting Date of Practice: _____

Ending Date of Fall Practice or Season: _____

Starting Date of Spring Practice: _____

Ending Date of Spring Practice or Season: _____

Note: Any schedule change must be added to this form.

Coach's Signature