

**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**Department of Physical Education & Athletics**  
**2019-2020**

**INTRAMURAL REPORT FORM**

**Please Check One:** Teacher \_\_\_\_ CSEA \_\_\_\_ T.A. \_\_\_\_ Monitor \_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Activity: \_\_\_\_\_ Teacher: \_\_\_\_\_

Number of Participants: BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

ORGANIZATION (Leagues? Tournaments?): \_\_\_\_\_

REMARKS, EVALUATION OF PROGRAM, SUGGESTIONS: (Use reverse side, if necessary)

**\*Please enter hours as actual hours that the Intramural took place, not as # of hours \***

Date:	Start Time*	End Time*	Date:	Start Time*	End Time*

Total Hrs: \_\_\_\_\_ x WCT Contract Fee: \_\$40.00 \_\_\_\_\_ = Total Claimed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals:**

Building Principal/Assistant \_\_\_\_\_ Date: \_\_\_\_\_

Director PE/Athletics \_\_\_\_\_ Date: \_\_\_\_\_

Internal Auditor \_\_\_\_\_ Date: \_\_\_\_\_