

WAPPINGERS CENTRAL SCHOOL DISTRICT
Department of Physical Education & Athletics
2021-2022

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: _____