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 *

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<th>Start Time*</th>
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Total Hrs: _______  x  WCT Contract Fee: _$40.00_____  =  Total Claimed: $___________

Signature: ___________________________________________  Date: _________________

Approvals:

Building Principal/Assistant ___________________________________  Date: ______________

Director PE/Athletics _________________________________________  Date: ______________

Internal Auditor _____________________________________________  Date: ______________

Rev. 8/19