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>
<th>End 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: ____________