    

2024-25 Intramural Activity Sheet

This form will make it easier to document the number of students that are participating in the lunchtime Intramural Program and the specific activities they are participating in. This is important data that is necessary to collect and for the allocation of funding the stipend. **Submit activity sheet a week prior or the first week of the activity and send via email** ONLY. TO: Dawn Xitco, Specialist

 Email: dawn.xitco@lausd.net

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 (PRINT)Name of Coordinator Submitting Form Principal Signature/AP in ch­­­arge of Intramurals

**SCHOOL:**

|  |
| --- |
|  |

**SPORT: DATES: START-END**

|  |  |
| --- | --- |
|  |  |

**LUNCH TIME: List the actual time of activity (ex.11:45-12:15)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
|  |  |  |  |  |

**PARTICIPATION:**

|  |  |
| --- | --- |
| TOTAL NUMBER OF PARTICIPANTS |  |
| NUMBER OF TEAMS |  |
| MALE  |  |
| FEMALE |  |

**SCHEDULE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* **SUBMIT THIS FORM A WEEK BEFORE OR A WEEK INTO ACTIVITY FOR ACCURATE PARTICIPATION NUMBERS.**