

POCONO MOUNTAIN SCHOOL DISTRICT APPLICATION FOR ATHLETICS INTRAMURAL

_____ and (if applicable) _____
(Name) (Employee ID #) (Name) (Employee ID #)

Would like to apply for the position of Athletic Intramural advisor for:

_____ during the _____ school year.
(Name of Intramural Activity)

This activity will run from _____ to _____
(Date) (Date)

Club Payment (CHECK APPROPRIATE BOX):

Single Advisor: Stipend will be prorated if less than 15 attendees for a minimum of 42 hours

OR....

Each Advisor Receives Stipend: Stipend will be prorated if less than 30 attendees for a minimum of 42 hours

Advisors Split Stipend

Date Submitted: _____

Sincere and active leadership must be provided to the program for a minimum of 42 total hours and supervision will be provided until all participants have departed school grounds. A prorated stipend may be provided. When a activity attracts the minimum number of participants, the activity will be conducted. A intramural participation report and attendance record will be completed and forwarded to the District Coordinator of Co-Curricular and Athletic Operations at the conclusion of each activity in order for payment to be made.

Please complete the following:

CHECK APPROPRIATE BOX: EAST ATHLETICS WEST ATHLETICS

FACILITIES TO BE UTILIZED _____
(Please check availability with Athletic Director)

REQUESTED STARTING DATE _____

REQUESTED ENDING DATE _____

TIME AND DAYS _____

EQUIPMENT NEEDED _____

For Admin Use Only

Chain of Approval:

Athletic Director

Coordinator

School Board