

LATE START & ADDITIONAL FEE FORM

DATE _____

RETURN WITHIN 5 BUSINESS DAYS OF THE CONTEST DATE

SW BOCES/ SECTION 1
450 MAMARONECK AVE.
HARRISON, NEW YORK 10528OFFICIAL #1 _____
OFFICIAL #2 _____
OFFICIAL #3 _____
OFFICIAL #4 _____

FAX (914) 592-2940

SPORT _____ DATE OF CONTEST _____
LEVEL _____
HOME SCHOOL _____ VISITOR _____**LATE START REQUEST**

REASON FOR LATE START _____

SCHEDULED START TIME _____ ACTUAL START TIME _____

COACH NOTIFIED: HOME _____ VISITOR _____

OFFICIALS SIGNATURE IN SCOREBOOK ☐ YES ☐ NOSTART TIME IN SCOREBOOK ☐ YES ☐ NO**ADDITIONAL FEE REQUEST**

(CHECK SPORT)

☐ WRESTLING ☐ SWIMMING
☐ SOCCER ☐ BASKETBALL
☐ GYMNASTICS ☐ VOLLEYBALL ☐ OTHER

TOTAL # OF BOUTS _____

ADDITIONAL QUARTERS _____

ADDITIONAL MATCHES _____

ADDITIONAL GAMES _____

ADDITIONAL HEATS _____

INDIVIDUAL COMPETITORS _____

OTHER _____