

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 10528
FAX (914) 592-2940

OFFICIAL #1 _____
OFFICIAL #2 _____
OFFICIAL #3 _____
OFFICIAL #4 _____

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 NO
START 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 _____