

LATE START & ADDITIONAL FEE FORM

DATE _____

RETURN WITHIN 5 BUSINESS DAYS OF THE CONTEST DATE

SW BOCES/ SECTION 1
WESTCHESTER PLAZA
ELMSFORD, NEW YORK 10523

OFFICIAL #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 NO

START TIME IN SCOREBOOK YES NO

ADDITIONAL FEE REQUEST

(CHECK SPORT)

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> WRESTLING | <input type="checkbox"/> SWIMMING | |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> BASKETBALL | |
| <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> OTHER |

TOTAL # OF BOUTS _____

ADDITIONAL QUARTERS _____

ADDITIONAL MATCHES _____

ADDITIONAL GAMES _____

ADDITIONAL HEATS _____

INDIVIDUAL COMPETITORS _____

OTHER _____