



**Section One, Inc.**  
 Center for Interscholastic Athletics  
 Southern Westchester BOCES  
 450 Mamaroneck Avenue  
 Harrison, NY 10528

**Outdoor Track & Field Invitational / County Meet Request Form**

**Host School District:** \_\_\_\_\_ **Dates of Event:** \_\_\_\_\_  1 Day  2 Days  
**Site:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_

Please indicate the number of Officials needed:

<u>Running Events</u>	<u># of Officials</u>	<u>Preferred Officials</u>	<u>Field Events</u>	<u># of Officials</u>	<u>Preferred Officials</u>
Clerk			Throws		
Field Referee			Horizontal Jumps		
Chief Finish Judge			Pole Vault		
Judge/Timer			High Jump		
Officials Other			Starter		
Referee					

**Total # of Officials:** \_\_\_\_\_

\*\* Referee is responsible for submitting hours worked at completion of meet\*\*

**Billing Procedure:**  Bill Host School  Bill Participating Schools (Attach list of schools to be billed)

\_\_\_\_\_  
**Athletic Director Signature** **Date**