



SOUTHERN WESTCHESTER BOCES  
CENTER FOR INTERSCHOLASTIC ATHLETICS  
Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528

Phone: (914) 592-2526  
Fax: (914) 592-2940

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**REQUEST FOR SCRIMMAGE PAYMENT**

School: \_\_\_\_\_

Sport: \_\_\_\_\_

Level: \_\_\_\_\_

Date of Contest: \_\_\_\_\_

Contest: \_\_\_\_\_

Extra Quarters: \_\_\_\_\_

Certified Official's Name: \_\_\_\_\_

Certified Official's Name: \_\_\_\_\_

Certified Official's Name: \_\_\_\_\_

Certified Official's Name: \_\_\_\_\_

**COMPLETE AND RETURN FORM WITHIN 5 BUSINESS DAYS OF THE CONTEST**

***LATE REQUESTS WILL NOT BE HONORED***

**PAYMENT IS MADE AT THE END OF THE SEASON**

\_\_\_\_\_  
Athletic Director's Signature