

SWBOCES Center for Interscholastic Athletics/ Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528

ASSOCIATION ROSTER UPDATE

Add/Delete Officials' Form (FAX 914-592-2940)

Association name: \_\_\_\_\_

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

Association Representative Signature: \_\_\_\_\_

Official's Classification: (1A, 1, 2A, 2, 3A, 3) \_\_\_\_\_

(Check one) Add \_\_\_\_\_ Delete \_\_\_\_\_ (Check one) New \_\_\_\_\_ Veteran \_\_\_\_\_

Official's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Official's Classification: (1A, 1, 2A, 2, 3A, 3) \_\_\_\_\_

(Check one) Add \_\_\_\_\_ Delete \_\_\_\_\_ (Check one) New \_\_\_\_\_ Veteran \_\_\_\_\_

Official's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

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Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Official's Classification: (1A, 1, 2A, 2, 3A, 3) \_\_\_\_\_

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Official's Classification: (1A, 1, 2A, 2, 3A, 3) \_\_\_\_\_

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City/ State/ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_  
E-mail Address: \_\_\_\_\_