

WRESTLING LATE START & ADDITIONAL FEE FORM

DATE _____

RETURN WITHIN 5 BUSINESS DAYS OF THE CONTEST DATE

SW BOCES/ SECTION I
450 MAMARONECK AVE.
HARRISON, NY 10528

FAX (914) 592-2940

OFFICIAL #1 _____
OFFICIAL #2 _____
OFFICIAL #3 _____
OFFICIAL #4 _____
OFFICIAL #5 _____
OFFICIAL #6 _____

DATE OF CONTEST _____
LEVEL _____
HOME SCHOOL _____ VISITOR _____
TYPE OF CONTEST _____

NUMBER OF VARSITY BOUTS _____
NUMBER OF JV BOUTS _____
NUMBER OF MODIFIED BOUTS _____
TOTAL NUMBER OF BOUTS _____

TOURNAMENTS

START TIME _____ FINISH TIME _____
TOTAL NUMBER OF HOURS _____

**HOURS LISTED WILL BE VERIFIED BY OUR OFFICE UNLESS SIGNATURE
OF HOME SCHOOL ATHLETIC DIRECTOR OR COACH IS ON THIS FORM**

SIGNATURE _____

REQUEST FOR LATE START

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