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

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

FAX (914) 592-2940

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 [ ]