



SW BOCES Center for Interscholastic Athletics
Section One
450 Mamaroneck Ave.
Harrison, NY 10528
(914) 592-2526
(914) 592-2940 FAX

SCHOOL NON-PREFERRED FORM

School _____

Sport _____

Level _____

Do not assign the following officials to our Home contests:

1. _____

2. _____

3. _____

Request can be made for your **Home** contests only.

No more than **three (3)** officials may be listed for a team.

This form must be submitted prior to the assigning of officials for a season.
(90 days before the start of the season)

Athletic Director's Signature _____

Date _____