TOURNAMENT REQUEST FORM

ALL TOURNAMENT REQUEST FORMS MUST BE SUBMITTED “60” DAYS PRIOR TO TOURNAMENT.

Date Tournament Request Form Submitted: ________________________________

Host School District: _____________________________________________________________________

Sport: ___________________________ Level: _______ Dates: ______________

TOURNAMENT INFORMATION

<table>
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<tr>
<th>Date</th>
<th>Day</th>
<th>Site</th>
<th>Time</th>
<th>Participating Schools</th>
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Please list officials in order of preference: Number of officials: __________________
(we will do our best to accommodate your request)

1. ___________  2. ___________  3. ___________  4. ___________

5. ___________  6. ___________  7. ___________  8. ___________

9. ___________  10. ___________  11. ___________  12. ___________

OFFICIALS PAYMENT BILLED TO:
(ALL TOURNAMENT FEES WILL BE BILLED TO THE HOME SCHOOL UNLESS OTHERWISE INDICATED)

ATHLETIC DIRECTOR SIGNATURE: __________________________________________

RETURN TO: SW BOCES CENTER OF INTERSCHOLASTIC ATHLETICS/SECTION ONE
450 Mamaroneck Avenue
Harrison, NY 10528  fax (914) 592-2940  11/14