

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

Date	Day	Site	Time	Participating Schools

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
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