

SWBOCES Center of Interscholastic Athletics/Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528  
(914) 592-2526 fax (914) 592-2940

**DROPPED TEAM FORM**

**NOTIFICATION TO ALL OPPONENTS OF A DROPPED TEAM IS REQUIRED.**

Date of Notice: \_\_\_\_\_

Home School: \_\_\_\_\_

Sport: \_\_\_\_\_ (circle one) Girls or Boys

Level: (circle one) Varsity Junior Varsity 9<sup>th</sup> Grade Modified

Reason for dropping team: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Athletic Director: \_\_\_\_\_

\_\_\_\_\_ Boces Interscholastic Athletics office notified

\_\_\_\_\_ Opponents notified

\_\_\_\_\_ Transportation notified