



SOUTHERN WESTCHESTER BOCES
CENTER FOR INTERSCHOLASTIC ATHLETICS
Section One
450 Mamaroneck Ave.
Harrison, NY 10528

Phone: (914) 592-2526
Fax: (914) 592-2940

REQUEST FOR SCRIMMAGE PAYMENT

School: _____

Sport: _____

Level: _____

Date of Contest: _____

Contest: _____

Extra Quarters: _____

Certified Official's Name: _____

Certified Official's Name: _____

Certified Official's Name: _____

Certified Official's Name: _____

COMPLETE AND RETURN FORM WITHIN 5 BUSINESS DAYS OF THE CONTEST

LATE REQUESTS WILL NOT BE HONORED

PAYMENT IS MADE AT THE END OF THE SEASON

Athletic Director's Signature