LATE START & ADDITIONAL FEE FORM

RETURN WITHIN 5 BUSINESS DAYS OF THE CONTEST DATE

SW BOCES/ SECTION 1
450 MAMARONECK AVE.
HARRISON, NEW YORK 10528

OFFICIAL #1____________________
OFFICIAL #2____________________
OFFICIAL #3____________________
OFFICIAL #4____________________

FAX (914) 592-2940

SPORT _______________________ DATE OF CONTEST ___________________
LEVEL _______________________
HOME SCHOOL _________________ VISITOR _______________________

LATE START REQUEST

REASON FOR LATE START ________________________________

SCHEDULED START TIME ___________ ACTUAL START TIME _______
COACH NOTIFIED: HOME ___________ VISITOR ___________
OFFICIALS SIGNATURE IN SCOREBOOK ☐ YES ☐ NO
START TIME IN SCOREBOOK ☐ YES ☐ NO

ADDITIONAL FEE REQUEST

(CHECK SPORT)
☐ WRESTLING ☐ SWIMMING
☐ SOCCER ☐ BASKETBALL
☐ GYMNASTICS ☐ VOLLEYBALL ☐ OTHER

TOTAL # OF BOUTS ________________________________

ADDITIONAL QUARTERS ________________________________
ADDITIONAL MATCHES ________________________________
ADDITIONAL GAMES ________________________________
ADDITIONAL HEATS ________________________________
INDIVIDUAL COMPETITORS ________________________________

OTHER ________________________________