



Section One, Inc.
 Center for Interscholastic Athletics
 Southern Westchester BOCES
 450 Mamaroneck Avenue
 Harrison, NY 10528

Cross Country Officials Request Form

Host School _____ Dates of _____ Start _____
 District: _____ Event: _____ Time: _____
 Site: _____ Level: _____

Type of Meet:

Dual Meet League Championship County Championship Invitational Other

Please indicate the number of Officials needed:

<u>Position</u>	<u># of Officials</u>	<u>Preferred Officials</u>	<u>Position</u>	<u># of Officials</u>	<u>Preferred Officials</u>
Referee			Chief Finish		
Starter			Others (Marshals, Umpires, Timers)		
Referee/Starter					

Total # of Officials: _____

** Referee is responsible for submitting hours worked at completion of meet**

Billing Procedure: Bill Host School Bill Participating Schools (*Attach list of schools to be billed*)

_____ Date
 Athletic Director Signature