



**SW BOCES Center for Interscholastic  
Athletics/ Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528  
(914) 592-2526  
(914) 592-2940 FAX**

**Request for Officials** Date: \_\_\_\_\_

School \_\_\_\_\_

Sport \_\_\_\_\_

Level \_\_\_\_\_

Please:  Assign

**DO NOT** assign

The following officials to our Home contests:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Request can be made for your **Home** contests only.

No more than **three (3)** officials may be listed for a team.

This form must be **submitted** prior to the assigning of officials for a season.  
**(90 days before the start of the season)**

You may submit this form at the end of a season for the following year.

***Athletic Director's Signature*** \_\_\_\_\_