LATE START & ADDITIONAL FEE FORM

DATE ______

RETURN WITHIN 5 BUSINESS DAYS OF THE CONTEST DATE

SW BOCES/ SECTION 1
2 WESTCHESTER PLAZA
ELMSFORD, NEW YORK 10523

OFFICIAL #1 ____________________ OFFICIAL #2 ____________________

OFFICIAL #3 ____________________ OFFICIAL #4 ____________________

FAX (914) 592-2940

SPORT ____________________ DATE OF CONTEST ____________________

LEVEL ____________________ VISITOR ____________________

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 ____________________