



SOUTHERN WESTCHESTER BOCES
CENTER FOR INTERSCHOLASTIC ATHLETICS
Section One
2 Westchester Plaza
Elmsford, NY 10523

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

REQUEST FOR SCRIMMAGE PAYMENT

School: _____

Sport: *Girl's Basketball*

Level: _____

Date of Contest: _____

Contest: *Scrimmage vs.*

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