



**SOUTHERN WESTCHESTER BOCES  
CENTER FOR INTERSCHOLASTIC ATHLETICS  
Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528**

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

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**REQUEST FOR SCRIMMAGE PAYMENT**

**School:** \_\_\_\_\_

**Sport:** \_\_\_\_\_

**Level:** \_\_\_\_\_

**Date of Contest:** \_\_\_\_\_

**Contest:** \_\_\_\_\_

**Extra Quarters:** \_\_\_\_\_

**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**