TOURNAMENT REQUEST FORM

*ALL TOURNAMENT REQUEST FORMS MUST BE SUBMITTED "60" DAYS PRIOR TO TOURNAMENT.*

Date Tournament Request Form Submitted: \_

Host School District: -----------------------------

Sport:

-------------- Level:------

Dates:---------------

TOURNAMENT INFORMATION

Participating

Date

Site Time

Schools

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Please list officials in order of preference: Nu m ber of officials: \_

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OFFICIALS PAYMENT BILLED TO:

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( ALL TOURNAMENT FEES WILL BE BILLED TO THE *HOME SCHOOL* U NLESS OTHER- WISE INDICATED.)

ATHLETIC DIRECTOR SIGNATURE: ----------------------------

I RETURN TO:

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SW BOCES/ SECTION ONE OFFICE

2 Westchester Plaza

Elmsford. NY 10523 fax (914) 5.91-2940

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