Athletic Contest Official Payment Form

Official's Copy

TO BE COMPLETED BY OFFICIAL

Official's Name:	
Official's last four digits of SSN:	
Official's Signature:	

TO BE CO	MPLETED	BY COAC	CH OR ATH	HLETIC DI	RECTOR	
Parish:						
Sport: _						
Level (circle one):	Varsity	Junior Varsity	Senior Reserve	Reserve	Junior Reserve	СҮО
Coach's Name:						

DATE	OPPONENT/EVENT	AMOUNT		

Total Paid:

Coach's

Signature:

- Complete both portions of the "OFFICIAL" section at the top of the form.
- Give both sides to the payor for completion.
- Receive the "OFFICIAL" portion of the form from the payor.

Athletic Contest Official Payment Form

Parish's Copy

TO BE COMPLETED BY OFFICIAL

Official's Name:

Official's la	ast four
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digits of SSN:

Official's

Signature:

TO BE COMPLETED BY COACH OR ATHLETIC DIRECTOR

Parish: _						
Sport: _						
Level (circle one):	Varsity	Junior Varsity	Senior Reserve	Reserve	Junior Reserve	СҮО
Coach's Name:						

DATE OPPONENT/EVENT AMOUNT

Total Paid:

Coach's

Signature: _

- Complete both bottom sections and return the "OFFICIAL" portion to the official.
- Turn in this copy in accordance to your athletic organization's procedures so the payment information can be properly recorded.