



Section One, Inc.
Center for Interscholastic Athletics
Southern Westchester BOCES
450 Mamaroneck Avenue
Harrison, NY 10528

Request for Scrimmage Payment

School: _____

Sport: _____

Level: _____ **Girls:** _____ **Boys:** _____

Opponent: _____

Date of Contest: _____

Extra Quarters: _____

Certified Officials Names:

Payment:

- Return payment form to the Section One office within **5** business days:
 - **Wanda Maffia**
Email: wmaffia@swboces.org
Phone: (914) 922-3522
Fax: (914) 592-2940
- Payment will be made at the end of the season for all assignments
- **All forms must be received by June 15th of the school year the contest occurred. Failure to comply with this deadline will require schools to compensate officials directly.**

Athletic Director Signature

Date