

TOURNAMENT REQUEST FORM

Host School District: _____ Site/Location: _____

Sport: _____ Gender: _____ Level: _____

DATE	DAY	TIME	PARTICIPATING SCHOOLS

Required Sport Specific Information

VOLLEYBALL – Number of Courts: _____

CHEER – Number of Panels: _____

WRESTLING – Type (Dual vs Bracketed): _____

Number of Participating Schools: _____

Number of Mats: _____

Please list officials in order of preference:

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

Officials Payment Billed To: _____

(TOURNAMENTS WILL BE BILLED TO THE **HOME SCHOOL** UNLESS OTHERWISE INDICATED)

Athletic Director Signature: _____ Date: _____

RETURN TO:

The appropriate
Sports Desk Assistant

Jacqueline Hughes
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