

Athletic Contest Official Payment Form

Official's Copy

TO BE COMPLETED BY OFFICIAL

Official's Name: _____
 Official's last four: _____
 Official's Signature: _____

TO BE COMPLETED BY COACH OR ATHLETIC DIRECTOR

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

DATE	OPPONENT/EVENT	AMOUNT

Total Paid: _____

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 last four 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 CYO
 Coach's Name: _____

DATE	OPPONENT/EVENT	AMOUNT

Total Paid: _____

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.