

Date of Scrimmage: _____

Coach's Signature: _____

Scrimmage: Teams Involved

_____ VS. _____

Officials Name: _____

(Print Name Above)

(Official's Signature)

(Official's BOCES#)

Can be emailed to corsecNCSBOA@gmail.com

**Patricia Carbo
39 Irma Ave.
Port Washington N.Y. 11050**

ATT: Scrimmage Verification