
OFFICIALS LATE START CLAIM FORM

OFFICIAL'S SIGNATURE _____ OFFICIAL'S # _____

GAME # _____ SPORT _____ LEVEL _____

HOME TEAM _____ AWAY TEAM _____

TIME SCHEDULED _____ TIME STARTED _____

REASON _____

HOME COACH _____ AWAY COACH _____

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Mail, email or fax to BOCES ATHLETICS within three (3) business days:
Attn: Grace Chianese or Jay Gallagher, 71 Clinton Road, Garden City, NY 11530-9195
FAX: 516-997-2018 Email gchianese@nasboces.org or jgallagher@nasboces.org