

**APPENDIX D: FORM X
2007-2010**

**OFFICIALS
COORDINATOR
SECTION VI, NYSPHSAA
355 Harlem Road
W. Seneca, NY 14224
716-821-7094
FAX: 716-821-7352**

This report is to be completed in full and forwarded to the Section VI OCF Officer if you are an Official, or to your Athletic Director if you are a Coach. The Athletic Director must forward completed report to the Section VI OCF Officer within 10 business days of scheduled contest.

Person Filing Report:

Name: _____ Phone: _____ Date: _____

Address: _____

Name of Each Official Assigned to the Contest Involved:

1. _____ 2. _____

3. _____ 4. _____

Sport: _____ Sch'd Start Time: _____ Contest Date: _____ Game #: _____

Home School: _____ Visiting School: _____

IMPORTANT → AMOUNT PLACED ON VOUCHER: _____

Level of Competition:

Check Off Specific Problem(s):

- | | | | | | |
|-------------|--------------------------|---------------------------------|--------------------------|----------------------|--------------------------|
| Varsity | <input type="checkbox"/> | Contest scheduled start delayed | <input type="checkbox"/> | Official(s) absent | <input type="checkbox"/> |
| Jr. Varsity | <input type="checkbox"/> | Contest Canc. w/o proper notice | <input type="checkbox"/> | Official(s) late | <input type="checkbox"/> |
| Freshman | <input type="checkbox"/> | No contest at this location | <input type="checkbox"/> | No officials present | <input type="checkbox"/> |
| Modified | <input type="checkbox"/> | Time change without notice | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> | | |

Details of Problem: (Use back of form or attach additional sheet if necessary)

If missing/tardy official, include name; If late start or no start, include offending school

If you are requesting payment from the Section OCF Fund, complete the following:

Name: _____ Official ID.#: _____

Address: _____

Signature: _____

Keep a copy of this report for yourself or your school.

AUTHORIZATION FOR PAYMENT:

DATE: _____ CHECK #: _____ AMOUNT: _____

SIGNATURES: _____

Tom Cowan, Officials Coordinator

Loren Ratajczak, Treasurer