



BPS ATHLETICS

OFFICIAL'S CLAIM FORM



Department of Athletics
51 Ontario St. Suite 301
Buffalo, NY 14207
716-816-4633

Please print clearly

Game Date _____

Official's name _____ Official's ID # _____

Please Circle:

Boys Girls

Varsity JV Modified Scrimmage

Sport _____ DBL Header _____

Teams _____ @ _____

Bill To School _____

Fee: \$ _____

Extra: \$ _____

(extra heats, shells, misc)

Total: \$ _____

Official's Signature _____

Coach's Signature _____

Failure to fully complete this form will delay processing