

Section VIII

Cheering / Gymnastics / Swim Attendance

Meet Site:	Date:Completion Time:		
Scheduled Start Time:			
NAME		HOURS WORKED	FEE
I attest the officials listed abo	ve performed officiating ser	vices as described above:	
	·	(Signature of Head	d Official)

E-mail or fax to BOCES ATHLETICS after each contest:

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