



## Modified Extra Competitor Form (Over 200)

DATE: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

VISITING SCHOOL(S): \_\_\_\_\_

OFFICIAL'S NAME: \_\_\_\_\_ OFFICIAL'S NAME: \_\_\_\_\_

OFFICIAL'S NAME: \_\_\_\_\_ OFFICIAL'S NAME: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ School: \_\_\_\_\_

**Email or Fax to BOCES ATHLETICS within three (3) business days:**

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