



Girls Gymnsatics - Extra Compensation Form

OFFICIALS NAME _____ DATE _____

HOME SCHOOL: _____ # Exh: _____

VISITING SCHOOL: _____ # Exh: _____

Total #: _____ @ \$4.00 each = _____

COACH SIGNATURE _____ SCHOOL _____

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

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