Swimming Extra Compensation Form

DATE: _____

HOME SCHOOL: _____ VISITING SCHOOL: _____

OFFICIALS NAME: _____ OFFICIALS NAME:_____

OFFICIALS NAME: _____ OFFICIALS NAME: _____

EVENT	Number of Extra Heats
VARSITY	
200 Medley	
200 Free	
200 IM	
50 Free	
50 Fly	
100 Fly	
100 Free	
50 Back	
100 Back	
50 Breast	
100 Breast	
200 Free Relay	
500 Free	
MODIFIED	
100 IM	
50 Fly	
50 Back	
50 Breast	
TOTAL EXTRA HEATS:	

Total Extra Heats @ $5.00	$
Extra Diver @ $10 (Var) - $8 (JV/Mod)	$
Total Extra Compensation	$

Coach Signature: _____ SCHOOL: _____

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

Grace Chianese (girls), gchianese@nasboces.org
Nicholas Dunninger (boys), ndunninger@nasboces.org
71 Clinton Road
Garden City, NY 11530-9195
FAX: 516-997-2018

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