



# Swimming Extra Compensation Form

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

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

OFFICIALS NAME: \_\_\_\_\_ OFFICIALS NAME: \_\_\_\_\_

OFFICIALS NAME: \_\_\_\_\_ OFFICIALS NAME: \_\_\_\_\_

EVENT	Number of Extra Heats
<b>VARSITY</b>	
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	
<b>MODIFIED</b>	
100 IM	
50 Fly	
50 Back	
50 Breast	
<b>TOTAL EXTRA HEATS:</b>	

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

Coach Signature: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

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

**FOR GIRLS, PLEASE SEND TO BOTH:**

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