

KYFCL OFFICIALS FORM

DATE: ___ / ___ / ___

PRINT NAME

SIGNATURE

1. _____
2. _____
3. _____
4. _____

HOME TEAM: _____ OPPONENT: _____

SCORES

JUNIOR VARSITY: HOME ___ VISITOR ___

MID-VARSITY: HOME ___ VISITOR ___

VARSITY: HOME ___ VISITOR ___

TEAM REPRESENTATIVE: (please print) _____

Please Submit form to Keri Cunningham @ kericunningham23@yahoo.com

THIS FORM MUST BE COMPLETED AT EACH HOME GAME. THIS INFORMATION IS VERY IMPORTANT TO THE KYFCL TO INSURE PROPER PAYMENT TO THE PIAA OFFICIALS. PLEASE MAIL or SCANIF YOU HAVE ADDITIONAL COMMENTS WRITE THEM ON THE BACK OF THIS FORM AND **I MUST HAVE THIS FORM BY 9:00 P.M.** ON SUNDAY OF EACH WEEK. THANK YOU FOR YOUR COOPERATION.