

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

keystoneyouthfootballandcheer@gmail.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 SCAN IF 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 EACH WEEK. THANK YOU FOR YOUR COOPERATION.