

KYFCL OFFICIALS FORM

DATE: ___ / ___ / ___

PRINT NAME

SIGNATURE

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

HOME TEAM: _____ OPPONENT: _____

SCORES

JUNIOR VARSTIY: HOME ___ VISITOR ___
MID-VARSITY: HOME ___ VISITOR ___
VARSITY: HOME ___ VISITOR ___

TEAM REPRESENTATIVE: _____
PRINT NAME

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 TO:

Gail Crum
201 Stultz Road
Fairfield, PA 17320
Gcrum62@comcast.net

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 OF EACH WEEK. THANK YOU FOR YOUR COOPERATION.