

SPORTS OFFICIAL PAYMENT FORM



Date of Contest: _____

Lafayette Sports Club:

_____ intends to pay the following official in the amount specified below.

Official Name (PRINT): _____ SS#:

Mailing

Address: _____
Street City State ZIP

Amount Due \$ _____ Official's Signature: _____
ONLY SIGN IF PAID ON SITE - otherwise check will be mailed

NOTE: ONCE COMPLETED, PLEASE FOLD AND PROTECT THIS FORM'S SENSITIVE INFORMATION. SPORTS CLUBS SHOULD USE ONE FORM PER PERSON TO BE PAID. IF THIS FORM IS SUBMITTED TO THE OFFICE OF STUDENT LIFE PROGRAMS IN A TIMELY MANNER, THE SPORTS OFFICIAL WILL BE PAID WITHIN 7-10 BUSINESS DAYS.