

# SPORTS OFFICIAL PAYMENT FORM



Date of Contest: \_\_\_\_\_

Lafayette Sports Club: \_\_\_\_\_ intends to pay the following

Official in the amount specified: \_\_\_\_\_

Official Name (PRINT): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

PLEASE RETURN THIS FORM AND A COMPLETED  
**W-9 FORM** TO KELLY DEEMER IN THE OFFICE OF  
STUDENT INVOLVEMENT  
115 FARINON STUDENT CENTER

*NOTE: THOSE SPORTS OFFICIALS WHO HAVE BEEN PAID BY THE COLLEGE IN THE PAST DO  
NOT NEED TO COMPLETE A W-9 FORM.*