

**PIAA DISTRICT ONE
B/G LACROSSE TOURNAMENT CHECK REQUEST
AFTERNOON GAME - NO TICKETS SOLD**

Please Print - Return within 2 days of Contest

DATE OF GAME: ____ / ____ / ____

PIAA GAME # (on Bracket) _____

SCHOOL REQUESTING CHECKS _____ GAME OPPONENT _____

GAME MANAGER _____ \$ 35.00 CHECK NUMBER _____

ATHLETIC TRAINER _____ \$ 54.00 CHECK NUMBER _____
(ONLY IF ON SITE)

CLOCK OPERATOR _____ \$ 54.00 CHECK NUMBER _____

ATHLETIC DIRECTOR'S SIGNATURE _____

Please return to: Sean Kelly, Assistant Executive Secretary

E-MAIL: sean@piaad1.org or FAX: 215-933-6108

P.O. Box 925

Doylestown, PA

610.519.9525

Any other expenses must be pre-approved by the Executive Secretary.

A policy has been established to standardize the format by which expenses incurred by schools and individuals would be compensated when hosting a contest for which there was no admission charge. A specific standard voucher was developed for sports that met that description and it will be distributed to schools that hosted such events. The host Athletic Director completes this form and sends it to the person noted on the form for payment.

For District One Use Only

Charge Account: _____ **Date check issued:** ____ / ____ / ____

Reviewed by Executive Secretary

FORM 201 (A)

PIAA DISTRICT ONE CHAMPIONSHIP CONTEST FINANCIAL REPORT

CHECK DISBURSEMENTS

Please print and complete all information listed

Game Bracket Number: _____ Sport: _____ Date of Contest: ___ / ___ / ___ Site of Contest: _____

PIAA Officials and Game Workers should be listed and sign this form. Official's amount left blank. Use additional sheets as needed.

	Print Name	Position/Duty	\$ Amount	Mailing Address Print 2 lines	Social Security # Required	Signature
1.		PIAA Officials	PAID BY D1			
2.		PIAA Officials	PAID BY D1			
3.		PIAA Officials	PAID BY D1			
4.						
5.		Game Manager				
6.		Certified Athletic Trainer				
7.		Clock Operator				

Completed reports must be submitted to Sean Kelly by email: sean@piaad1.org or fax 215-933-6108