



Byron-Bergen Central School District
Athletic Department
Modified Swimming Voucher
2022-2023
Ver. 1.0

Name: _____ Phone number: _____
 (Please Print)

Address: _____
 Number Street City Zip code

Social Security #: _____ - _____ - _____ (Must be filled in, at least the first time, to each district, to be processed)

Home team: _____ ; **Opponent:** _____ ; **Published Start Time:** _____

Are you employed by this district in any other capacity? Yes _____ ; No _____

Assignment: **Modified Swim Official** Meet Date: _____

Contest (actual) start time: _____ ; Contest end time (if after 1 1/2 hrs.): _____

SWIMMING fees (with or w/o Diving) for a 1 1/2 hr. event:

REFeree: \$77.40
 STArTER: \$76.00
 JUDGE: \$75.30

* - After 1 1/2 hrs. an additional fee is paid for each additional 1/4 hr. at the rate noted below*

REFeree: \$4.75*
 STArTER: \$4.50*
 JUDGE: \$4.25*

Reimbursement Requested: _____ **Base fee:** _____

*If the meet extended beyond 1 1/2 hrs.: # of 1/4 hrs. _____ @ _____ = _____

Total fee requested: = _____

Officials signature: _____ **Date:** _____

***Officials please note:** By officiating this contest, and signing this voucher, you are indicating that you have been properly finger printed and background checked and that you have been found employable by NYSED standards in NYS Public Schools.

Approved: _____ **Date:** _____
 Director of Athletics

Approved: _____ **Date:** _____
 District Office