



# Byron-Bergen Central School District

Athletic Department

## Modified Swimming Voucher

2021-2022

*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: \$74.40

STARTER: \$73.00

JUDGE: \$72.30

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

REFEREE: \$4.50\*

STARTER: \$4.25\*

JUDGE: \$4.00\*

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