



Byron-Bergen Central School District

Athletic Department

Modified Wrestling Voucher

2021-2022

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)

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

Assignment: Modified Wrestling Official

Event:

Sport: Modified Wrestling Contest Date: _____

Opponent(s): _____

Starting Time: _____ Meet site: _____

Modified meet fee: = \$74.40

Extra modified bouts, if any: _____ X \$4.95 = _____

Total fee requested: = _____

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