Armorel School District
High School
Request Form for Athletic Official Pay

Officials Name (Please Print): _____

Address: _____
PO Box/Street City State Zip Code

Phone Number _____

Preferred Method of payment delivery (circle one): PICK UP AT CENTRAL OFFICE (We will call to let you know when available)
MAIL

Social Security #_____-_____-____ (This is only needed the first time you officiate; you will not be paid if your SS# is not provided)

Game Date: _____ Visiting Schools Name: _____

Team	Amount of Games		Amount Per Game	Subtotals	Total to be paid
7th Grade		x	35.00		
Jr. Boys		x	35.00		
Jr. Girls		x	35.00		
Sr. Boys		x	45.00		
Sr. Girls		x	45.00		

Referee Signature: _____Date: _____

Approved by: _____Date: _____
Charles Brown
Athletic Director

Approved by: _____ Date: _____
Teresa Lawrence
High School Principal