

**Armored School District  
High School/Elementary School  
Request Form for Athletic Official Pay**

**Officials Name (Please Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
PO Box/Street City State Zip Code

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

\_\_\_\_\_  
Phone Number Officials Signature Date

**Game Date:** \_\_\_\_\_ **Visiting Schools Name:** \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Amt. Paid Per Game # of Games Played Amount to be paid

**Approved By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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Cut along this line

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