

**DELL CITY INDEPENDENT SCHOOL DISTRICT
FEE RECEIPT FOR GAME OFFICIAL
REQUEST FOR PAYMENT**

TO BE COMPLETED BY THE GAME OFFICIAL

PRINTED NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

MILEAGE (IF APPLICABLE) _____

CITY _____

SIGNATURE _____

TELEPHONE NUMBER _____

CELL PHONE NUMBER _____

TO BE COMPLETED BY THE COACH OR ATHLETIC DIRECTOR

DATE: _____

CHECK NUMBER _____

AMOUNT _____

GAME PLAYED: _____ VS _____

CIRCLE SPORT & LEVEL:

FOOTBALL

VOLLEYBALL

BASKETBALL

BOYS GIRLS

VARSIITY
JR. VARSITY / JR. HIGH

VARSIITY
JR. VARSITY / JR. HIGH

VARSIITY
JR. VARSITY / JR. HIGH

SIGNATURE OF COACH OR A.D. _____

BUSINESS OFFICE USE ONLY

199-36-6118-00-001-X91000
PROFESSIONAL

199-36-6121-00-001-X91000
PARA-PROFESSIONAL