

**LAKE SHORE CENTRAL SCHOOLS
ATHLETIC DEPARTMENT**
959 Beach Rd., Angola, NY 14006
(716) 926-2260

OFFICIAL'S CLAIM FORM

Official's Name: _____

Officials ID No. _____

Street Address: _____

City, State, Zip Code: _____

Social Security

(last four digits unless
1st time officiating at LSC
then entire number must appear)

_____ **Boys/Girls**

_____ **Varsity/JV/Modified**

_____ **Sport**

_____ **Opponent**

_____ **Date**

Fee: \$ _____

Extra \$ _____
(*extra heats, shells, misc.*)

Total: \$ _____

Official's Signature: _____

Athletic Director's Signature: _____

Business Administrator's Signature: _____

I have asked the above official if they have been fingerprinted and cleared under the S.A.V.E. Legislation. They have said yes and have shown their ID to me.

Coach's Signature _____