



CLUB SPORTS OFFICIALS RECEIPT

Club Name _____

Today's Date: ____/____/____

Contact Person _____

Title: _____

Phone No: _____

Email: _____

Event Info

Opponent _____

Competition Date _____

Officials Info

Name (print) _____ *Phone #: _____

Address: _____

City: _____ State _____ Zip _____

Eagle ID # (BC Student/Staff Only) _____

By signing this form, I confirm that I have performed my duties as a sports official for this Boston College Club Sport event and need to be compensated for these services in the amount of \$

Official's Signature X _____

Club Treasurer Signature X _____

*In consideration of the security of your financial data, we no longer request social security numbers on this form. Please be sure to list a phone number where we may reach you in the event that additional information is needed to process your payment. Thank you.