



# Swimming Extra Compensation Form

DATE: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_ VISITING SCHOOL: \_\_\_\_\_

OFFICIALS NAME: \_\_\_\_\_ OFFICIALS NAME: \_\_\_\_\_

OFFICIALS NAME: \_\_\_\_\_ OFFICIALS NAME: \_\_\_\_\_

EVENT	Number of Extra Heats
<b>Varsity</b>	
200 Medley	
200 Free	
200 IM	
50 Free	
50 Fly	
100 Fly	
100 Free	
50 Back	
100 Back	
50 Breast	
100 Breast	
200 Free Relay	
500 Free	
<b>Modified</b>	
100 IM	
50 Fly	
50 Back	
50 Breast	
<b>TOTAL EXTRA HEATS:</b>	

Total Extra Heats @ \$4.00	\$
Extra Diver @ \$8 (Var) - \$6.50 (JV/Mod)	\$
<b>Total Extra Compensation</b>	<b>\$</b>

Coach Signature: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**Email or Fax to BOCES ATHLETICS within three (3) business days:**

Grace Chianese (girls), gchianese@nasboces.org

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