

Sport:

Massachusetts Interscholastic Athletic Association, Inc. 33 Forge Parkway ~ Franklin, MA 02038 508-541-7997 ~ miaa@miaa.net

Contest Date:

## OFFICIALS PAYMENT REQUEST

## <u>ALL INFORMATION MUST BE COMPLETED – NAME AND SS# AS SHOWN ON YOUR INCOME TAX RETURN</u>

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Opponents:	VS				
Section:			Division:		
Contest Site:					
PLEASE PRINT - MUST BE AS SHOWN ON YOUR INCOME TAX RETURN				ERE IF NEW ADDRES	is
Name:			Social Security#:		
Address:					
City:	State:			Zip:	
My signature below, attests to the fact that I have thoroughly read and understand the MIAA Sport Format for which I am working on this date. I will apply the rules and regulations of this format as well as the other sport specific rules found in the official MIAA Handbook.					
Signature:					
To be completed by Tournament Director & MIAA Executive					
Position Worked:			Code: 8010	Amount: S	5
TD Approval:					
MIAA Approval:					