

NORTHERN ATHLETIC CONFERENCE (NAC)

SCRIMMAGE INVOICE

Please submit all information needed so processing and payment can be done effectively.

PAYABLE TO:

NAME OF ASSOCIATION:

PERSON OF CONTACT:

ASSOCIATION MAILING ADDRESS:

PHONE NUMBER:

SPORT:

Scrimmage Fee: \$50.00
per 1 ½ hrs

Please check each category:

Varsity

Boys

JV

Girls

DATE:

TEAMS:

vs

OFFICIALS ASSIGNED:

APPROVAL OF OFFICER GIVING RISE TO THIS CLAIM

I hereby certify that services have been provided as indicated above and the bill is being rendered in accordance with the contract between Section X NYSPHSAA and the Northern New York Sports Council. * I am also indicating that I/we are in compliance with the SAVE Legislation and have been found employable by NYSED standards in NYS Public Schools.

Approved by:

Athletic Director (Original Signature Required)

Official (Original Signature Required)

Official (Original Signature Required)