



UNIVERSITY *of* ROCHESTER

CLUB SPORTS: GAME OFFICIAL FORM

Officials Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Date of Competition: _____

Opponent: _____

Amount Due: \$ _____

Signature of Official: _____

*By my signature, I acknowledge that I have fulfilled my duties, agree to the above amount due for my services and submitted a completed W-9 document. With these, a check will be processed and delivered to the above address.

***Please print and fill out the W-9 form (see link below) along with this form. The Game Official Form will not be accepted without the W-9 form.**

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

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