

Dickinson College
Office of Intramurals and Recreation
Official's Payment Request

Sport Club Information

| | |
|---------------------|-------|
| Club Name: | Date: |
| Club Email Address: | |

Event Information

| |
|-------------------|
| Competition Date: |
| Opponent: |

Officials Information

| | | |
|---------------|----------|------|
| Name (print): | Phone #: | |
| Email: | | |
| Address: | | |
| City: | State: | Zip: |

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

Official's Signature _____

Club Treasurer Signature _____

If you have not been compensated for officiating a game for a Dickinson Sport Club or have not filled out a W-9 for Dickinson in the past 3 years you will be required to submit a W-9 in order to be compensated.

| | |
|-----------------|----------------|
| OFFICE USE ONLY | Date Received: |
| | |