SKANEATELES CENTRAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT

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2024-2025

PAYMENT REQUESTED BY: * **Please complete retired section at bottom, if applicable**.

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SOCIAL SECURITY NUMBER: _____

DATE OF CONTEST: _____

SPORT: _____

OPPONENT: _____

GENDER: **MALE** ☐ **FEMALE** ☐

LEVEL: **MODIFIED** ☐ **JV** ☐ **VARSITY** ☐

PAYMENT REQUESTED

CONTEST FEE(S) **(Please See Other Page)** **$** _____ **2855 8 510 400**

5TH QUARTER **Yes** ☐ **- or -** **No** ☐

TOTAL FEES **$** _____

_____ **DATE:** _____
OFFICIAL'S SIGNATURE

APPROVED:_____ **DATE:** _____
Stephen J. Musso, Director of SWAA

Claimant must complete this section if retired from a New York State pension system.

Retired From: **NYSTRS** ☐ **NYSERS** ☐ **NYSPFS** ☐ **NYCTRS** ☐
NYCBOE ☐ **NYCERS** ☐ **NYCPPF** ☐ **NYCFDP** ☐