

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
OFFICE OF ATHLETICS

HIGH SCHOOL OFFICIALS' REPORT

MUST BE IN PEN

Account Number: **199-36-MO-912-Y-91-359-6499**

Sport _____

Game #/Event Name: _____ Teams: _____ vs _____ Date: _____ Time: _____ Level (Var, JV, B-Team, 9th)

***W-9 and copy of drivers license MUST be on file for all SOA Officials and any coach that works as an official.**

NAME (Please Print)	Job # of games	Vendor #	Social Security Number	Signature
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FOR OFFICE USE ONLY		
\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
\$ _____	+ \$ _____	= \$ _____
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\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
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Game Fee(s)	Other	Total
\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
\$ _____	+ \$ _____	= \$ _____
Game Fee(s)	Other	Total
GRAND TOTAL		\$ _____

Home Team Coach/Game Manager and Date

SOA Chapter Officer's Signature

I HEREBY VERIFY THAT ALL THE ABOVE INFORMATION IS CORRECT

APPROVAL: Office of Athletics and Date