

**XAVIER UNIVERSITY CLUB SPORTS
OFFICIAL'S PAYMENT FORM**

Club Sport _____ Budget # _____

Opponent _____ Contest Date/Time _____

The following section must be completely filled out by official prior to receiving payment.

Official's Full Name Printed _____			
Official's Complete Address _____			
Street Address			

City	State	Zip	

Phone # _____			

E-Mail Address _____			
Official's Social Security # _____		U.S. Citizen?	Yes No
Official's Fee \$ _____			
Official's Signature _____		Date _____	

Signature, Club President/Treasurer

Date

Signature, Assistant Director

Date

**THIS FORM MUST BE SUBMITTED TO THE CLUB SPORTS OFFICE NO
LATER THAN FIVE (5) DAYS AFTER CONTEST.**