

# FALLSBURG CENTRAL SCHOOL DISTRICT

PO Box 124, 115 Brickman Road  
 Fallsburg, NY 12733  
 Voice: 845-434-5884 Fax: 845-434-8346  
 Web: [www.fallsburgcsd.net](http://www.fallsburgcsd.net)

## SPORTS CLAIM FORM

<b>Name:</b>	
<b>Address:</b>	
<b>Event Date:</b>	

**Services Rendered: (check all that apply)**

	Event Worker (Announcer, Security, Scorekeeper, Tickets, Timer): \$25/hr.		Coach
	Event Coordinator: \$30/hr.		Assistant Coach
Hours Worked:	Start Time: (00:00)	End Time: (00:00)	Total Hours: Amount Due: (Total hrs x hrly rate) \$

**Level of Activity: (check all that apply)**

	Varsity		Junior Varsity		Modified
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Boys	Girls	Sport: (check all that apply)			
		Baseball			Intramural Basketball (F,S)
		Basketball			Intramural Open Gym
		Football			Intramural Strength Training (F, W, S)
		Golf			Intramural Track & Field
		Skiing			Intramural Volleyball
		Soccer			Intramural Weight Room (F, W, S)
		Softball			
		Track/Cross Country			Wrestling
		Volleyball			Cheerleading

Under the Penalties of Perjury, I certify that (1) The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. If you are subject to backup withholding, please cross out clause (2).

**AMOUNT TO BE PAID: \$** \_\_\_\_\_ (Athletic Director will fill in amount)

**X** \_\_\_\_\_  
 Claimant's Signature Date

I hereby certify that this bill has been rendered in accordance with the contract agreement or accepted estimate and that the work has been completed satisfactorily.

**X** \_\_\_\_\_  
 Athletic Director's Signature Date

**X** \_\_\_\_\_  
 Superintendent's Signature Date