EVENT MANAGEMENT

SUPPORT PERSONNEL

EVENT DATE: _____ **SPORT:** _____ **BOYS** ☐ **GIRLS** ☐

EVENT SITE: _____ **LEVEL:** ☐ **MS** ☐ **C/9** ☐ **JV** ☐ **V**

EMPLOYEE #	PRINTED NAME	SIGNATURE	DUTY	AMOUNT DUE
			TOTAL	**$**

CONFIRMATION OF WORK ASSIGNMENTS & COMPENSATION AUTHORIZATION

CONFIRMATION OF DUTIES

Printed Name	Signature	Title

DISTRICT DEPARTMENT USE ONLY

COMPENSATION AUTHORIZED

Printed Name	Signature	Title