

**OFFICIALS COORDINATING COUNCIL
Official's Supervisory Report**

Date of Contest _____

Location of Contest _____

SPORT _____ **Girls/Boys** _____

Lack of Supervision: Home School _____ **Visiting School** _____

Private facilities for official to change (Yes) _____ **(No)** _____

Shower Facility: (Yes) _____ **(No)** _____

Secure place for belongings: (Yes) _____ **(No)** _____

Delay in obtaining belongings after contest: (Yes) _____ **(No)** _____

Additional comments or information: _____

Official's Name _____ **Number** _____

**Fax to Joe Capozzi
@ 516-674-9238**