# LAKE CHARLES BASKETBALL OFFICIALS ASSOCIATION

**AL PURDY, *Commissioner***
PHONE: 337-802-4000
FAX: 800-491-6651
EMAIL: basketball@swlareferee.com

NAME OF SCHOOL _____

GAME DATE _____

Name of Official _____

Official's Rating (circle one): Registered Certified Approved

Address of Official: Street_____
*(To be mailed)*
City _____

Zip_____

Social Security Number (if requested) _____

## PAY COMPUTATION

**SECTION I - MIDDLE SCHOOL, JUNIOR VARSITY AND FRESHMAN** *(IF YOU DID NOT CALL A VARSITY GAME)*

**One Game-$35**
**Two Game-$60**
**Three Games-$85** **Total Pay $_____**
**Four Games-$100**
(Do not add any additional Travel)

**SECTION II - VARSITY HIGH SCHOOL OFFICIALS**
**(Worked at least one varsity game on this date)** (circle one): Two Person Three Person

**TWO GAMES PER SCHOOL SCALE $_____**
**Third Game with Varsity $ $25.00**

**TOTAL AMOUNT DUE $_____**

**I certify that I have worked the games as indicated above and the payment requested is correct as per LHSAA Guidelines.**

_____ _____
**Officials Signature** **Date**

Approved by_____ (Principal)