

**GRAND ISLAND CENTRAL SCHOOL DISTRICT
GRAND ISLAND, NEW YORK**

ATHLETIC SUPERVISION/DESIGNATED RESPONSIBILITY

**** PLEASE RETURN TO ATHLETIC DEPARTMENT FOLLOWING EACH CONTEST ****

NAME: _____ SSN: _____
Please Print

ADDRESS: _____ TYPE OF CONTEST _____
_____ DATE OF CONTEST _____

SIGNATURE _____
Director's Signature

Responsibility at Contest – per GITA contract 6.2.4

START TIME _____	END TIME _____
START TIME _____	END TIME _____
START TIME _____	END TIME _____
START TIME _____	END TIME _____

BUDGET CODE: 2855-150-12-0000 **TOTAL DUE: \$** _____

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