

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

WWW.CIACSPORTS.COM 203-250-1111



SPORT:	DIV:	ROUND:	DATE:	
HOST:	SCHOOLS PAR	SCHOOLS PARTICIPATING:		
QUARTERFINAL GAMES				
	S DIRECTLY. ONE CHECK WILL BE	ISSUED TO THE SITE DIRECTOR AND	A SECOND CHECK TO	
THE HOST SCHOOL FOR REMI	NNG EXPENSES UP TO \$ 200 . ITI	MIZE YOUR EXPENSE BELOW.		
School check should be ma	nde out & send to:			
SEMIFINAL & FINAL GAN				
		NG OF THE SEMIFINALS AND FINALS	GAMES.	
CIAC WILL PAY OFFICIALS DIR	ECTLY.			
	NAL GAME AND YOU WISH TO R OL CHECK INFORMATION ABOVE	ECEIVE ONE CHECK PAYABLE TO THE	SCHOOL FOR WORKERS F	PLEASE CHECK
SITE DIRECTOR CHECK				
FIRST & LAST NAME:			CIAC FEE:	
STREET:	TOWN:	STATE:	ZIP:	
PHONE:	E-M	AIL:		
-		. Please list your workers' names and CIAC to pay the workers directly. If yo	-	-
OTHER EXPENSES				
FULL NAME (required)	ADDRESS (only semifinal/	final games)	SERVICE	AMOUNT
			TOTAL EXPENSES:	
E-MAIL YOUR REPORT TO	JBROWN@CASCIAC.ORG			
CIAC USE ONLY				
BOX # TICKETS	DATE:	APPROVED BY		