



Scrimmage Permission Form

Officials Association Requesting: _____

Sport:

Baseball Basketball Football Soccer Softball Volleyball Wrestling

Scrimmage Date: _____ Location: _____

Game Times: _____

Teams in Scrimmage: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Officials Association Collects Money for Spectator Entry: Yes No

Officials Association Collects Money for Officiating Scrimmages: Yes No

RCO Signature: _____

Date: _____

(For Office Use Only)

Date Request Received: _____

Action Taken: _____

LHSAA Director of Officials: _____