



Scrimmage Permission Form

Officials Association requesting: _____

Sport (Please circle):

Baseball Basketball Football Softball Soccer Volleyball Wrestling

Number of Teams in scrimmage: _____

Date of Scrimmage: _____

Game Times: _____

Name of Teams in Scrimmage: _____

Printed Name of RCO: _____

Signature of RCO: _____

(For Office Use Only)

Date request received: _____

Action Taken: _____

LHSAA Director of Officials: _____