

# CLUB SPORT OFFICIAL'S AGREEMENT FORM

## OFFICIAL'S AGREEMENT

Club: \_\_\_\_\_ President: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

Official's Name: \_\_\_\_\_

Official's Address: \_\_\_\_\_

\_\_\_\_\_

Official's Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Number of Games: \_\_\_\_\_ x Fee Per Game: \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document, I (the official) understand that I am agreeing to officiate the said number of games on the above dates for the Club Sports program at Cleveland State University. I also agree that failure to appear at the designated time and place or failure to find a substitute official will result in forfeiture of any claim to monetary compensation.*

Club Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document, I understand that I am responsible for notifying this official, in a reasonable amount of time, of any changes to the time and location of event. Furthermore, I understand that if a forfeit occurs, I am responsible for notifying official ahead of time or payment will be made to official.*

## PAYMENT

*Payment will be sent to official from Sport Club Team Agency Accounts.  
Allow 4 weeks after event date for processing.*

