

**PLEASE PRINT CLEARLY**

**ATHLETIC EVENT SIGN-IN SHEET**

**TULSA PUBLIC SCHOOLS ATHLETIC DEPARTMENT**

<b>SAF PO #:</b>
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DATE: \_\_\_\_\_

SPORT: \_\_\_\_\_

SCHOOL/OPPONENT: \_\_\_\_\_

<b><u>NAME</u></b>	<b>TPS EMPLOYEE</b>			<b>TPS VENDOR</b> <small>(If unsure, fill out W-9 form)</small>		<b><u>PHONE #</u></b> <small>(To contact for questions)</small>	<b><u>AMT. TO PAY</u></b>  \$	<b><u>Non Varsity # of Games</u></b>	<b><u>Varsity # of Games</u></b>
	<b><u>(Y/N)</u></b>	<b><u>EMPLOYEE ID#</u></b>	<b><u>PAY SCHEDULE</u></b> <small>M (monthly)/ B (bi-weekly)</small>	<b><u>(Y/N)</u></b>	<b><u>TPS VENDOR #</u></b> <small>(or last 4 digits of SSN)</small>				
<b>OFFICIALS:</b>									
<b>ANNOUNCER:</b>									
<b>SCOREBOARD:</b>									
<b>TIMER:</b>									
<b>PASS GATE:</b>									
<b>EVENT MANAGER:</b>									
<b>25 SECOND CLOCK:</b>									
<b>SELLERS:</b>									
<b>TAKERS:</b>									
<b>CHAIN CREW:</b>									

\_\_\_\_\_  
(EVENT MANAGER SIGNATURE)

\_\_\_\_\_  
(ATHLETIC DIRECTOR IN CHARGE SIGNATURE)