CATHOLIC LEAGUE
REQUEST FOR NON-LEAGUE OFFICIALS

FALL ☐ WINTER ☐ SPRING ☐ **FORMS DUE BY:**

SCHOOL: _____ ATHLETIC DIRECTOR_____ DATE:_____

SPORT	LEVEL	DAY/DATE	OPPONENT	HOME TEAM	TIME	LOCATION

RETURN ONE COPY TO C.H.S.L. - KEEP ONE COPY FOR YOUR RECORDS