



University of Miami Wellness Center
INTRAMURAL OFFICIALS REQUEST

This form must be received no less than two weeks prior to the date requested

Today's Date: _____ Number of Officials Needed: _____ Number of Games Simultaneously: _____

Length of Games (Minutes): _____ Officials Start Time: _____ Officials End Time: _____

Start Date: _____ End Date: _____

Is this event recurring? YES [] NO [] Day(s) of Week Mon [] Tue [] Wed [] Thur [] Fri [] Sat [] Sun []

Additional Details Regarding Date(s) and/or Time(s) _____

AREA WHERE OFFICIALS NEEDED - Please check the venue(s)

- Centre Court [] Outdoor Courts []
Main Gym [] Yaron Field []
of fields _____
Left [] Middle [] Right []

NAME OF EVENT/SPORT: _____

Organization/Department Name: _____

Name of requesting person: _____ Date: _____

Telephone: _____ Email: _____ Fax: _____

Address: _____ Zip: _____ Cell/Pager: _____

RATES:

\$15/Offical/Hour- Student Organizations \$20/Offical/Hour- UM Departments \$30/Offical/Hour- Other

METHOD OF PAYMENT WILL BE MADE BY:

- Journal Entry [] Cash [] Check []

CASH: Due to the officials at the event

CHECK: Make checks payable to the officials directly or one sum payable to: The University of Miami-Wellness Center

Should you have any questions, please contact intramural office at 305-284-8501 or email at intramurals@miami.edu
Please deliver completed form to the Wellness Center Room 211 or fax to 305-284-4469

(Office Use Only - Do Not Write Below This Line)

Date: _____ Request has been: APPROVED [] DENIED [] why: _____

DWR Signature: _____

By completing the form it does not guarantee officials for your event.