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

Left ☐ Middle ☐ Right ☐

# of fields ______

NAME OF EVENT/SPORT: ____________________________________________

Organization/Department Name: ______________________________________

Name of requesting person: ____________________________ Date: __________

Telephone: ____________________________ Email: ____________________________ Fax: ____________________________

Address: ____________________________ Zip: __________ Cell/Pager: __________

RATES:
$15/Official/Hour- Student Organizations $20/Official/Hour- UM Departments $30/Official/Hour- Other

METHOD OF PAYMENT WILL BE MADE BY:

☐ IDR ☐ Cash ☐ Check

IDR: IDR must be received a week prior to the event
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 Tom Soria at 305-284-8518 or email at tsoria@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.