

USA SWIMMING Adirondack Swimming

APPLICATION FOR CERTIFICATION AS AN OFFICIAL

PRINT CLEARLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

EMAIL _____

EMPLOYER _____

WORK PHONE _____

CURRENT LSC AND TEAM AFFILIATION _____

ARE YOU CURRENTLY A MEMBER OF USA SWIMMING? Y [] N []

HAVE YOU BEEN A USA-S OFFICIAL BEFORE? Y [] N []

IF YES ... DATE OF MOST RECENT CERTIFICATION ___/___/___

... CERTIFYING LSC _____

... TEAM AFFILIATES (IF ANY) _____

... CHECK POSITIONS FOR WHICH YOU WERE CERTIFIED

REFEREE [] STARTER [] STROKE AND TURN JUDGE [] ADMINISTRATIVE []

ADIRONDACK SWIMMING LSC OFFICIALS CHAIR

JoAnn Faucett (518) 399-0494 faucettjm@aol.com

OFFICE USE ONLY

Date of Clinic ___/___/___ Facilitator _____

Date Test Returned ___/___/___

Dates on Deck ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

Date Patch Issued ___/___/___ Issued By _____