

# USA SWIMMING

## Adirondack Swimming

### APPLICATION FOR CERTIFICATION AS AN OFFICIAL

.....**HMD9 / '9 A 5 =@cf 'DF =BH'7 @ 5 F @M**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL 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 \_\_\_

**58 =FCB8 57 ? 'GK =AA =B; '@G7 'C: : =7 =5 @G'7 <5 =F'**

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#### OFFICE USE ONLY

Date of Clinic \_\_\_\_\_ Facilitator \_\_\_\_\_

Date Test Returned \_\_\_\_\_

Dates on Deck \_\_\_\_\_

Date Patch Issued \_\_\_\_\_ Issued By \_\_\_\_\_