USA SWIMMING Adirondack Swimming

APPLICATION FOR CERTIFICATION AS AN OFFICIAL

PRINT CLEARLY

NAME	
ADDRESS	
CITY	STATE ZIP
HOME PHONE	
CELL PHONE	
EMAIL	
EMPLOYER	
CURRENT LSC AND	TEAM AFFILIATION
ARE YOU CURRENT	LY A MEMBER OF USA SWIMMING? Y N
HAVE YOU BEEN A	JSA-S OFFICIAL BEFORE? Y N
IF YES D	ATE OF MOST RECENT CERTIFICATION
CE	RTIFYING LSC
TE	AM AFFILIATES (IF ANY)
CI	HECK POSITIONS FOR WHICH YOU WERE CERTIFIED
REFEREE ST	ARTER STROKE AND TURN JUDGE ADMINISTRATIVE
ADIRONDACK SWIMMING LSC OFFICIALS CHAIR JoAnn Faucett (518) 496-6136 faucettjm@aol.com	
	OFFICE USE ONLY
Date of Clinic	Facilitator
Date Test Returned	
Dates on Deck	
Date Patch Issued	Issued By