APPLICATION FOR CERTIFICATION

Please Print Legibly

Name:_____ **Date:** _____

Preferred Name: _____

Street-City State-Zip: _____

Phone: (____)_____ **E-mail:**_____

Club: _____ **Other Certified Positions:** _____

You must be a member of USA Swimming to receive certification.

Certification desired: Admin Official (AO1)_____**Stoke & Turn** _____

Clinic Attended: Date:_____**Location:**_____**Instructor:**_____
Athlete Protection Training date:_____**Concussion Training date:**_____
Background Check Complete date:_____

Shirt Size M_____**W**_____ **Size** _____

Name as you would like it on your nametag _____

Apprenticeship Session Requirements:

Stroke &Turn (4)
Administrative Official – AO1 (4)

	Meet Referee	Meet	Date
1			
2			
3			
4			

When complete please send to the MWS Officials Chair by email:
Dan Brailita
danmino2000@gmail.com