

Application to Officiate U.S. Masters Swimming 2010 National Short Course Championships Atlanta, Georgia May 20-23, 2010



Name:		LMS	SC:	or LSC:	
Contact information: (Please indica	ate the best cont	act method to	use)		
Address:					
City:	State:		Country: _	Zip	:
Phone (best to use):	Other Phone:				
E-mail Address:				Shirt Si	ze:
Positions currently certified:	: (Indicate highes	t level of certifi	cation N1 / N2/ N	3 for each	
	Level		Expiration I	Date	
Stroke & Turn		-			
Starter		-			
Deck Referee		_			
Administrative Referee	<u> </u>	-			
Certifying Organization:	USMS	USA-S	NCAA	YMCA	Other:
$-\!\!\!-\!\!\! -\!\!\!\! -\!\!\!\! -\!\!\!\! -\!\!\!\!-$ I am available to work the foll	owing session	s:			
All Sessions: Thurso	day, May 20th	(1000/1650)	: F	riday, May 21s	st:
Saturday, May 22nd:					
If you also plan to compete in th	ne meet - Event	:#'s you'll be	competing _		
Preference for assignment (note so					
This meet has been approved by US	-	-	-	ease indicate whi	ere evaluation
for N2/N3 certification is requested					
number of officials and evaluators p					
Admin Referee:	Deck Referee:		Chief Judge:		
Starter:	Stroke & Turn:		Wherever needed:		
Uniform is white polo shirt over no	avy pants, shorts	or skirt), white	e socks and shoes		
Return application to the Meet Refe	ree: Glenda	Orth	email: glend	a.orth@comcast	
	2890 Ca	2890 Canton Hills Drive			
		a, Georgia 3006	52		
	(770) 9	973-0083			

Assignments will be made at the sole discretion of the Meet Referee. All Officials will be required to attend briefings prior to the beginning of each session.