USA Swimming Request for Evaluation

Qualifying Meet: Spee	l National Officials Chair(s) for Final Ev do Champions Series: Eastern Zor gett Pool, Harvard University, Bosto	ne Northe		Meet D	•	March 9-12, 2006 NE
Please consider me fo	r assignments at the above meet	so that I	may	be eva	luated	l as follows:
Name: Email: Mailing Address:	LSC: Phone:					
Current Qualifications	Levels Stroke & Turn Judge: Chief Judge: Starter: Referee: Administrative Referee:	N1 N2	N3	None		s∙months µhest Level
Requested Evaluations For Re-certification at For Advancement towa For Final Evaluation as	N2 or N3 as -	Starter,		lef, 🗌	Ad R	ef (choose up to 2)
 For Re-certification at For Advancement towards For Final Evaluation at 	ards N3 - S&T, CJ, Sta	arter, 🗌	Ref,	Ad	Ref (cl	hoose all applicable)
	ards N2 or N3: S&T, CJ,	Starter, Starter,		lef, 🗌	Ad R	ef
	, Meet Refe	eree.				
Date:						