Arizona Swimming, Inc.
Officials' Instructor Clinic Report

Clinic Information

Location: _____ **Date & Time** _____ **Topic:** _____

Attending:

Name (Please Print)	Club	Initial or Renewal Certification		Started On-Deck Training	Regis'd w/ AZ Swim	e-Mail Address
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
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		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	
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		Initial	Renewal	Yes/ No	Yes/ No	
		Initial	Renewal	Yes/ No	Yes/ No	

_____	_____	**Initial**	**Renewal**	**Yes/ No**	**Yes/ No**	_____
_____	_____	**Initial**	**Renewal**	**Yes/ No**	**Yes/ No**	_____
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_____	_____	**Initial**	**Renewal**	**Yes/ No**	**Yes/ No**	_____
_____	_____	**Initial**	**Renewal**	**Yes/ No**	**Yes/ No**	_____

Comments:

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Follow-Up To Dos:

Who_____**Next Step:**_____
Who_____**Next Step:**_____
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Submitted by:_____ **Date:**_____