ARIZONA SWIMMING
OFFICIALS SIGN-IN SHEET

Sanction #_____

Meet:_____Date:_____Session:_____

ONE FORM PER SESSION IS REQUIRED **PLEASE PRINT YOUR INFORMATION**

Name	**Level of Certification** S & T/STR/AO/AR/DR/MR	**Valid to Date** (See Card)	**Training Desired**
Certified Officials & Trainees: Please sign in below			
Meet Marshals: Please sign in below			

Submitted By: _____ **Date:** _____

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