# ARIZONA SWIMMING
# OFFICIALS SIGN-IN SHEET

Sanction #_____

**Meet:** _____ **Date:** _____ **Session:** _____

**ONE FORM, PER MEET IS REQUIRED** **PLEASE PRINT YOUR INFORMATION**

| Name | Levels of Certification<br>EX: S&T, STR, AO, DR | Valid to Date:<br>(See Card) | Sessions Available<br>(Circle Availability) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Certified Officials & Trainees:** | | | | | | | | | | | | |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Submitted By:** _____ **Date:** _____

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