ARIZONA SWIMMING
OFFICIALS SIGN-IN SHEET

Sanction #_____

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

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

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

Submitted By: _____ **Date:** _____

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