

Request for Evaluation

To: Meet Referee,

Qualifying Meet: VSI LC Age Group Championships ,

Meet Dates: 17-24 Jul 2008

Meet Location: Midtown Aquatics Center, Newport News, VA ,

LSC: VA

Mail to: Michael Willard 5517 Swan Road Williamsburg, VA 23188-9418 or e-mail: jefwilfam@cox.net

or fax: ()

Please consider me for assignments at the above meet so that I may be evaluated as follows:

Name: _____ LSC: _____, USA S Reg # _____

email: _____ Phone: _____

Mailing Address: _____

Levels ☒ V1 ☐ N1 ☐ N2 ☐ V2 ☐ N3 ☐ None Years • months
(Choose one for each position) at Highest Level

Current Certifications:	Stroke & Turn Judge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chief Judge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Starter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deck Referee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administrative Referee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Timing System Operator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Timing Judge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recorder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requested Evaluations: (You must work at least 4 sessions at the meet for an evaluation to be validated.)

For Re-certification at V2/N2 as - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

For Advancement towards V2/N2 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

Recent Evaluations ("Met Standard", or better, in previous 24 months):

1. For Re-certification at V2/N2 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

2. For Advancement towards V2/N2 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

Evaluator Names for previous evaluations in 1. and 2. above:

Eval for: _____ Evaluator's Name: _____

Eval for: _____ Evaluator's Name: _____

Your Request: ☐ **sorry, cannot be accommodated.** ☐ Too many requests. Please apply again.
☐ You are not yet eligible. Please work on it.
☐ **can be accommodated as follows:**

For Re-certification at V2/N2 as - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

For Advancement towards V2/N2 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Admin Ref
☐ TSO, ☐ TJ, ☐ Recorder

