Request for Evaluation

To: Kevin Hogan				
Qualifying Meet:	2008 VSI SC Senior Ch	nampionships	, Meet Dates:	6-9 Mar 2008
Meet Location:	University of Virginia AF	C Charlottesville, VA	, LSC:	<u>VA</u>
Mail to: 3020 Amberfield	Frail, Charlottesville, VA 22911	or e-mail: swim@e	mbarqmail.com	or fax: (434) 964-1944
Please consider r	ne for assignments at t	he above meet so tha	t I may be evaluate	d as follows:
Name:		LSC: ,	USA S Reg#	
email:	Phone:			
Mailing Address:				
		evels ⊏ LSC N2 N	 I3 None Years∙month	ns
	_	(Choose one for each		
Current Certificat	ions: Stroke & Turn	Judge: 🗌 🖺		
	Chief	Judge: 🗌 📗		
	;	Starter: 🗌 📗		
	Deck R	eferee: 🗌 🖺		
	Administrative R	eferee: 🗌 🗎		
Requested Evalua	ations: (You must work at leas	t 4 sessions at the meet for an e	valuation to be validated.)	
For Re-certification at N2 or N3 as - S&T, CJ, Starter, Ref, Ad Ref (choose up to 5)				
For Advancemen	t towards N2 or N3 -	S&T, CJ, Starte	r, ☐ Ref, ☐ Ad R	Ref (choose up to 2)
For Final Evaluat	ion as N3 -	CJ*, ☐ Starter*, ☐ R	tef*,	ose 1, if eligible.)
Recent Evaluation	ns ("Met Standard", or bett	er, in previous 24 months):	
1. For Re-certificat	ion at N2 or N3 - 🔲 S&	Γ, CJ, Starter,	☐ Ref, ☐ Ad Re	f (choose all applicable)
2. For Advanceme	nt towards N3 -	Γ, 🗌 CJ, 🔲 Starter,	☐ Ref, ☐ Ad Re	f (choose all applicable)
3. For Final Evalua	tion as N3 -	☐ CJ, ☐ Starter,	☐ Ref, ☐ Ad Re	f
Evaluator Names for p	revious evaluations in 1. and	2. above:		
Eval for:	Evaluator's Name:		{* Only availat	ole if all prerequisites
Eval for:	Evaluator's Name:			net and the meet is
Eval for:	Evaluator's Name:		approved fo	r Final Evaluations.}
Your Request:	sorry, cannot be acco	☐ You are	ny requests. Please ap e not yet eligible. Pleas	
	can be accommodated			
		S&T, CJ, Start	· = · =	d Ref
	t towards N2 or N3 -	· = · =	· = · =	d Ref
For Final Evaluat	ion as N3 -	☐ CJ*, ☐ Start	er*, 🔛 Ret*, 🔃 🗛	d Ref*
		, Meet Referee.		
Date:				
	"Confirmation"/"Sorry" to appli	cant. Send a copy of accepte	ed applications to Evaluat	tors.

