

Application to Officiate 2014 Nationwide U.S. Masters Swimming Spring National Championship Santa Clara, California May 1 - 4, 2014



Name:	LMSC	·	or LSC:		
Contact information: (Please indicate the best of	contact method to use)			
Address:					
City: Sta	ate:	Country:	Zip:		
Phone (best to use):	Other Pho	ne:			
E-mail Address:				e:	
Positions currently certified: (Indicate hig					
Le	vel	Expiration D	ate		
Stroke & Turn ——					
Chief Judge			<u></u>		
Starter					
Deck Referee			<u> </u>		
Administrative Referee					
Have you previous worked a USMS National Ch	ampionship? Yes			Other:	
I am available to work the following ses					
All Sessions: Thursday, May 1		Friday, Ma	y 2nd:		
Saturday, May 3rd: Su			,		
If you also plan to compete in the meet - Ev	• • •	mpeting in:			
Preference for assignment (note some position This meet has been approved by USA-Swimmin	ns may have already b	een filled):			
for N2/N3 certification is requested and specify	initial or final . Note t	hat evaluations r	may be limited by	the number	
of officials and evaluators present at the meet.					
Admin Referee: Deck Refe	e: Deck Referee:		Chief Judge:		
			Wherever needed:		
Uniform is white polo shirt over navy pants, sh	orts or skirt, white so	cks and shoes.			
Return application to the Meet Referee: Jac	ki Allender	email: seewu	n@proaxis.com		
	W Acey Way			-	
	lis, OR 97330				
(541)	753-5681				

Assignments will be made at the sole discretion of the Meet Referee. All Officials will be required to attend briefings prior to the beginning of each session.