MIDDLE ATLANTIC SWIMMING
OFFICIALS ASSIGNMENT FORM

Meet:_____Dates:_____to_____

Location:_____Host Club:_____Sanction #: _____

The following certified officials worked the indicated sessions at this meet. I have indicated their position as:
R - Referee S - Starter J - Stroke/Turn Judge TR - Trainee
CJ - Chief Judge AR - Administrative Referee TJ - Timing Judge
All officials are members of United States Swimming.

Meet Director:_____

NAME	FRIDAY			SATURDAY			SUNDAY		
	Ses # 1	Ses #2	Ses #3	Ses #1	Ses #2	Ses #3	Ses #1	Ses #2	Ses #3

Please send completed form within 14 days to the Middle Atlantic Swimming office