

Virginia Swimming, Inc.  
 Chief Judge  
 Apprenticeship Record

COMMENTS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number (home) \_\_\_\_\_

(work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

USA Swimming Team Affiliation \_\_\_\_\_

Clinic Attendance Date \_\_\_\_\_

Issued by \_\_\_\_\_

(District Officials Chair Signature)

	Meet	Date	Trainer	Referee
Session 1	_____	_____	_____	_____
Session 2	_____	_____	_____	_____
Session 3	_____	_____	_____	_____
Session 4	_____	_____	_____	_____

Session 1

Session 2

Session 3

Session 4

I certify that I have evaluated this apprentice and I have found them well qualified to serve as a Chief Judge.

\_\_\_\_\_ Date \_\_\_\_\_

(Validating Referee Signature)

Please make a copy for your records, then turn this card into your District Officials Chair as soon as you have completed your training.

