

**OKLAHOMA SWIMMING
STROKE & TURN JUDGE APPLICATION**

Name of Applicant _____

Address _____

City _____ Zip Code _____ Team _____

Phone _____ EMAIL _____ USA-S

Date of Clinic _____ Instructor _____

Date USA-S Level II Background Check Completed _____

Date Online Certification Test Completed _____

Shadow Sessions (Requirement 6)

Date	Meet Name	Referee Signature	Session (AM/PM)

Evaluation and Endorsement by the Club Officials Chair of the Applicant's Club.

1. I feel this person needs more deck time before being certified. YES or NO

2. The applicant is ready for certification but needs to work on _____

3. It is my opinion that this person is ready to be certified as a Stroke & Turn Judge. YES or NO

Signed: _____ Date _____

**Mail or email a copy of the application to Craig Hanson,
2106 W 117th PL S, Jenks, Oklahoma 74037 (chansonok@outlook.com)**