

INDIVIDUAL APPLICATION FORM UANA SWIMMING OFFICIALS – LIST # 4

NAME OF NE	W APPLICAN)	(CLIDNAME)
MAILING ADI	DRESS	(FIRST NAIVIE	<i>)</i>	(SURNAME)
COUNTRY_		EMAIL_		
TO THE	UANA TSC:	Please consider my REFEREE	application as (CHOOSE STARTER	ONLY ONE):
My present e	xperience as	Referee or Starter is a	t what level (check one o	r more):
PAN-AMERIC	CAN GAMES _	CONTI	NENTAL MEETS	NATIONAL
		al, <u>Continental</u> , or <u>Intern</u> ed at the competition an		ave worked in the past 4 years.
	Year	Event Name		Position Assigned
National				
Continental				
International				
THIS FORM N	MUST BE SIGI	NED BY THE PRESIDE	ENT OR SECRETARY OF	YOUR NATIONAL FEDERATION
PRES	SIDENT'S or S	ECRETARY'S NAME _		
TITLE	Ε		DATE	
SIGN	IATURE:			

NOTE: This form must be returned by EMAIL by December 1, 2019 to:

Louise Le Blanc - UANA TSC Secretary at louise.leblanc@bell.net