

Request for Evaluation

To: Meet Referee,

Qualifying Meet: 2016 Western Zone Age Group Champs. ,

Meet Dates: 8/10-13/16

Meet Location: Kearns, UT ,

LSC: UT

Mail to: Kristin Fox 8318 Cole Street, Arvada, Co. 80005t

or e-mail: bknfox@comcast.net

or fax: ()

Please consider me for assignments at the above meet so that I may be evaluated as follows:

Name: _____ LSC: _____, USA S Reg # _____

email: _____ Phone: _____

Mailing Address: _____

| | Levels | LSC | N2 | N3 | None | Years•months at Highest Level |
|-------------------------|-------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| | | (Choose one for each position) | | | | |
| Current Certifications: | Stroke & Turn Judge: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Chief Judge: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Starter: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Deck Referee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Administrative Referee: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Requested Evaluations: (You must work at least 4 sessions at the meet for an evaluation to be validated.)

For Re-certification at N2 or N3 as - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref (choose up to 5)

For Advancement towards N2 or N3 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref (choose up to 2)

For Final Evaluation as N3 - ☐ CJ*, ☐ Starter*, ☐ Ref*, ☐ Ad Ref* (choose 1, if eligible.)

Recent Evaluations ("Met Standard", or better, in previous 24 months):

1. For Re-certification at N2 or N3 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref (choose all applicable)

2. For Advancement towards N2 or N3 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref (choose all applicable)

3. For Final Evaluation as N3 - ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref

Evaluator Names for previous evaluations in 1. and 2. above:

Eval for: _____ Evaluator's Name: _____

Eval for: _____ Evaluator's Name: _____

Eval for: _____ Evaluator's Name: _____

{* Only available if all prerequisites
have been met and the meet is
approved for Final Evaluations.}

Your Request: ☐ sorry, cannot be accommodated. ☐ Too many requests. Please apply again.
☐ You are not yet eligible. Please work on it.
☐ can be accommodated as follows:

For Re-certification at N2 or N3 as - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref

For Advancement towards N2 or N3 - ☐ S&T, ☐ CJ, ☐ Starter, ☐ Ref, ☐ Ad Ref

For Final Evaluation as N3 - ☐ CJ*, ☐ Starter*, ☐ Ref*, ☐ Ad Ref*

_____, Meet Referee.

Date:

Send "Confirmation"/"Sorry" to applicant. Send a copy of accepted applications to Evaluators.

