

Administrative Official Training Record

Name: _____

Address: _____

Email: _____ Phone: _____

1 Session – Observe Certified A. O.

Meet	Date	Trainer
_____	_____	_____

1 Session – Perform A.O. Duties under Supervision of Cert. A.O.

Meet	Date	Supervisor
_____	_____	_____

Online Tests on USA Website:

Timer

Timing Judge

Clerk of Course

Administrative Official

Date completed: _____

Attend A.O. Clinic: Date: _____

Location: _____

Return completed Record to:

Dayna Gripp, Officials Chair

daygripp@mac.com

236 N Carrington Ave

Buffalo, WY 82834

949-283-1943

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