Chief Judge Official Training Record

Name	ə:					
Addr	ess:					
Emai	Email: Phone			Phone: _		
2 Ses	ssions	Apprenticin	g under Refer	ee or Designa	ted Chief J	ludge:
		Hours	Meet	I	Date	Referee Signature
Sess	ion 1:					
Sess	ion 2:					
Pleas	se chec	ck the boxes	below when i	requirements	have been	completed.
	Have	served as a	certified Stro	ke and Turn J	udge for 1	2 Sessions.
	Have read the "Professional Chief Judge" as published by USA Swimming.					
	Have reviewed the responsibilities of a Chief Judge with a Referee who is also a member of the Officials Committee.					
	Refer	ee Name:			Date:	
	Endo	rsement fror	n two (2) WYS	8I Referees		
	Refer	ee Name:			🗆 Endo	rsement Attached
	Refer	ee Name:			🗆 🗆 Endo	rsement Attached
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