

# Referee Training Record

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 4 Sessions – Supervised Refereeing (Minimum 2 meets, 2 referees)

	Hours	Meet	Date	Trainer
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____

## 1 Meet Working with Meet Director:

Meet	Date	Meet Director
_____	_____	_____

## 1 Meet Working with Timing System and Computer Operator:

Meet	Date	Operator
_____	_____	_____

Referee Test on USA Website: Date passed: \_\_\_\_\_

Attend Referee Clinic: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Worked 12 Sessions as Certified Starter:

Return completed Record to:

Dayna Gripp, Officials Chair

[daygripp@mac.com](mailto:daygripp@mac.com)

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