

Starter Training Record

Name: _____

Address: _____

Email: _____ Phone: _____

4 Sessions – Supervised Starting (Minimum 2 meets, 2 trainers)

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

Starter Test on USA Website: Date passed: _____

Attend Starter Clinic: Date: _____

Location: _____

Worked 12 Sessions as Certified S&T Official:

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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