

**Stroke & Turn Official  
Training Record**

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

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

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

**4 Sessions Observing Certified Official:**

	<b>Hours</b>	<b>Meet</b>	<b>Date</b>	<b>Referee Signature</b>
Session 1:	_____	_____	_____	_____
Session 2:	_____	_____	_____	_____
Session 3:	_____	_____	_____	_____
Session 4:	_____	_____	_____	_____

**3 Sessions Making Calls under Supervision of Certified Official:**

	<b>Hours</b>	<b>Meet</b>	<b>Date</b>	<b>Referee Signature</b>
Session 5:	_____	_____	_____	_____
Session 6:	_____	_____	_____	_____
Session 7:	_____	_____	_____	_____

**Stroke and Turn Test on USA Website:** Date passed: \_\_\_\_\_

**Attend Stroke and Turn Clinic:** Date: \_\_\_\_\_

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

Return completed Record to:  
Dayna Gripp, Officials Chair  
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