

OFFICIALS CERTIFICATION CARD

please print legibly

Login to your Swimming Canada officials account to view your certification. Officials must register each season (Sept 1-Aug 31).

Office Office	Use	Only	(please	initial):
			_	

COA:

Swim Sask:

August 2018

NDIDATES NAME:	first name	last name
IAIL:		CLUB:
	DECK EVALUA	
The candidate is required card signed by ar		CH CLINIC. The candidate is responsible to have this deck evaluation at a sanctioned competition.
1:		
Meet		Date
Evaluator's N	Name (PLEASE PRINT)	Signature of Evaluator
): 		
Meet		Date
Evaluator's Nam	e (PLEASE PRINT)	Signature of Evaluator
When BOTH deck eva	aluations are complete please submit th	is card to your Club Officials Administrator (COA).
CLINIC:		
· - · · · · · · · · · · · · · · · · · ·		
		DATE OF CLINIC:

Return to Club Officials Administrator OR Mail to:

SWIM SASKATCHEWAN INC. 2205 VICTORIA AVENUE REGINA, SK S4P 0S4