



# MANITOBA SWIM OFFICIALS ASSOCIATION



## RECORD OF POSITION CERTIFICATION

FIRST NAME		LAST NAME	
GENDER	CITY		PROVINCE
EMAIL			CLUB
CLINIC INFORMATION			
CLINIC TAKEN		DATE OF CLINIC	LOCATION/ ONLINE
INSTRUCTORS NAME (Leave blank if online)		INSTRUCTORS SIGNATURE (Leave blank if online)	
EVALUATION INFORMATION			
MEET DATE		MEET NAME	
EVALUATORS NAME		EVALUATORS SIGNATURE	
MEET DATE		MEET NAME	
EVALUATORS NAME		EVALUATORS SIGNATURE	

PRESENT TO A REFEREE AT ANY MANITOBA SWIM MEET or SEND TO SNM 206-145 PACIFIC AVE, WINNIPEG, MANITOBA, R3B 2Z6— ALWAYS MAKE A COPY!



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