Arkansas Swimming Referee Apprenticeship

Apprentice's name _____

Date of meet	Name of meet	Duties Performed (Deck or Admin)	Number of sessions worked	Referee's signature

Please direct any questions or comments concerning the apprentice's performance to ASI Officials Chair Terry Casalman (telephone: 479-646-6511; e-mail: TLCthebigdog@aol.com). Thank you.