Maryland Swimming, Officials Clinic, Sign-In Sheet

Clinic Date: _____ **Location:** _____ **Host Official:** _____

Name	Position:	Club Affiliation:	Street Address:	E-Mail Address:	Phone Numbers: (Night & Day Time)

Stroke & Turn -- S&T; Starter -- STR; Referee -- REF; Apprentice Officials -- APP
Forward Sign-In Sheets to Peter LaGow 5960 Millrace Ct #B201, Columbia, MD 21045, Phone; 410-740-5478, email peterlagow@comcast.net
Please write legibly