

LOWER BUCKS SWIM LEAGUE
OFFICIAL CERTIFICATION FORM

Name: _____

Club: _____

Email: _____

Phone: _____

#1. Date: _____ Meet Name: _____

Position: [Stroke & Turn] [Starter/Ref]

Observing Official Name: _____ Signature _____

#2. Date: _____ Meet Name: _____

Position: [Stroke & Turn] [Starter/Ref]

Observing Official Name: _____ Signature _____

Return completed form to Officials Chair at officialschair@lbsl.org