

**LOWER BUCKS SWIM LEAGUE**  
*OFFICIALS CERTIFICATION FORM*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Club:** \_\_\_\_\_

<b>Date</b>	<b>Meet</b>	<b>Position</b>	<b>Certifying Official</b>
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Return completed form to: [officialschair@lbsl.org](mailto:officialschair@lbsl.org)