EASTERN ZONE – Long Course Age Group Championship

August 11-14, 2010

13-Older/Montgomery Aquatic Center, North Bethesda, MD

12-Younger/Rockville Municipal Swim Center, Rockville, MD

Applicant must be a member of USA Swimming and an LSC certified Official

Name:_____ LSC: _____

Address:_____ Home Phone: _____

City, State, Zip:_____ Work Phone: _____

E-mail Address:_____ Cell Phone: _____

Current LSC Certification:_____

Current N2 Certifications and Expiration: _____ _____

Current N3 Certifications and Expiration: _____ _____

Years/Months at Highest Level:_____

ALL APPLICANTS MUST ATTEND MANDATORY OFFICIALS BRIEFINGS BEFORE EACH SESSION OF THE MEET THEY WORK WHICH BEGIN ONE HOUR PRIOR TO THE START OF EACH SESSION.

E Z Meet Sites**: 13/O Montgomery Aquatic Center – 12/U Rockville Municipal Swim Center**

This is projected to be an N2 and N3 OQM.

I will serve at all sessions: Yes:_____ (Prelims Site: 13&O _____, 12&U _____) No: _____

I cannot serve all sessions. My choices for individual sessions are checked below:

Wednesday	13 & O Prelims_____	12 & U Prelims _____	Finals_____
Thursday	13 & O Prelims_____	12 & U Prelims _____	Finals_____
Friday	13 & O Prelims_____	12 & U Prelims _____	Finals_____
Saturday	13 & O Prelims_____	12 & U Prelims _____	Finals_____

Shirt Size:_____ (S, M, L, XL, XXL) This is not a guarantee that the host will provide shirts.

APPLICATION FOR ASSIGNED POSITIONS: If you would like to be considered for an Assigned Position, please check the appropriate box below. If applying for more than one position, please indicate preference (1,2,3)

Assignment Request: ____ Deck Referee ____ Starter ____ Chief Judge ____ Admin. Referee

**If you are not applying for an Assigned Position, please check here: _____Stroke & Turn Only

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APPLICATION FOR EVALUATION: If you would like to be evaluated during the meet, complete the following:

I request Evaluation as follows: ____For Advancement to N2 ____For Advancement to N3 (_____Initial or _____Final)
____For Recertification ____For Education

____Referee ____Starter ____Chief Judge ____Admin Referee ____Stroke & Turn

Most Recent Evaluation & Evaluator (MMDDYY) _____ Name:_____

If you are unable to submit this form, save it and send it as an attachment to jjneill@fcps.edu

This application must be received by the **LSC Chair** no later **than July 17, 2010** in order for the applicant to be considered for specific assigned positions (Deck Referee, Starter, Chief Judge, Admin Ref). Assigned positions will be notified no later than **July 30, 2010**. Applications for other deck position will be accepted anytime.

You will receive an E-Mail confirmation of your application. If you do not receive a confirmation within 10 days of submitting your application, contact the PVS Officials Chair, Jack Neill - jjneill@fcps.edu

Submit Form

7/6/2010