

NORTH CAROLINA SWIMMING
STARTER CERTIFICATION APPRENTICE APPLICATION

DATE: _____

Submit to: tacox825@gmail.com , or Tom Cox
11730 Man O War Trl, Raleigh, NC 27613

NAME _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT TELEPHONE: _____

EMAIL ADDRESS: _____

USA SWIMMING REGISTRATION NUMBER: _____

Date you were certified as a Stroke/Turn Judge: _____

Recommendation of NC "N2orN3" Certified Starter or Referee:

Print Name

Signature

NC OFFICIALS CHAIR

Date - Received _____ Approved _____ Notified _____

Certification Completed _____