

DUPAGE SWIM AND DIVE CONFERENCE STARTER / REFEREE CERTIFICATION TRAINING ROSTER

DATE: _____

GIVEN BY: _____

LOCATION: _____

PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY				TEST RESULTS	
NAME	TELEPHONE #	SWIM TEAM	PAID	STARTER / REFEREE	RE-CERT.

This roster should be sent to the Conference Vice President as soon as possible after completion of class. Keep a copy for your records.