



**AQUATICS COMPETITION OFFICIALS  
APPLICATION FORM  
Special Olympics 2010 USA National Games**

This is the Official Application Form for the 2010 Special Olympics USA National Games Officials. It must be filled out in its entirety. All information must be verifiable. All applicants must be certified as a National or FINA official. The 2010 Special Olympics USA National Games will require a commitment of July 17 through July 24, 2010. All National Games officials assigned will be required to officiate at least one Special Olympics Aquatics competition at the Local, Area, State, Regional or National Program level prior to May 1, 2010. Anyone unable to meet those requirements, or make this commitment, should not apply. **No attachments will be accepted!**

*Please print or type*

<b>SECTION 1: PERSONAL INFORMATION</b>			
NAME:			
MAILING ADDRESS:			
HOME PHONE:			
WORK PHONE:			
CELL PHONE:			
FAX:			
E-MAIL:			
<b>SECTION 2: CERTIFICATION</b>			
LEVEL	CERTIFICATION		EXPIRATION
LSC			
NATIONAL CERTIFICATION			
FINA CERTIFICATION			
SPECIAL OLYMPICS CERTIFICATION (Y/N)			
Names and affiliation of two (2) individuals who might be consulted regarding your officiating ability:			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Number in order of your preference 1 through 3 (with 1 you're highest priority), the officiating assignment for which you possess outstanding competence and experience:			
	Referee	Chief Timer	Clerk of Course
	Administrative Referee	Chief Turn Inspector	False Start Rope Operator
	Stroke Judge	Turn Inspector	Marshall
	Starter	Chief Recorder	
	Recall Starter	Recorder	



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LIST MOST RECENT MAJOR MEETS OFFICIATED		
Year	Competition (Name of Meet)	Assignment
LIST SPECIAL OLYMPICS OFFICIATING EXPERIENCE		
Year	Competition (Name of Meet)	Assignment

I certify that the information presented in this application is true to the best of my knowledge. As part of my application as a competition official, I grant permission for the Selection Committee to contact individuals, including observers, regarding my officiating experience and ability. I certify that I am in good physical and mental health.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Please check if SOOPA Participant:</b> Athlete _____ Mentor _____ Who is your athlete or Partner?</p>	<p><b>Please return by <u>October 1, 2009</u> to:</b> Special Olympics 2010 USA National Games Games Officials Application 4004 Barrett Drive, Suite 206 Raleigh, NC 27609 E-mail: <a href="mailto:cpippert@specialolympics.org">cpippert@specialolympics.org</a> Fax: 919-782-3311</p>
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**Selections will be made to ensure a diversity balance. Early return of application advised, review of applications will begin immediately.**

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Cert Check: \_\_\_\_\_ Approved: \_\_\_\_\_