## PARA-SWIMMING TECHNICAL OFFICIALS' MEET LOG

To be completed by September 30 of each year and return to paraofficial@swimming.ca
Year: $\qquad$ Certification Level: $\qquad$

Last Name: $\qquad$ First Name: $\qquad$

Club: $\qquad$ City, Province: $\qquad$

| Date (Oct. 1 to Sept. 30) | Meet Name | Location | Position(s) Worked | \# of sessions worked | IPC Classes | Integrated Meet |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (mm/dd/yyyy) |  | (City, Province) |  |  |  | $\begin{gathered} \text { Yes or } \\ \text { No } \\ \hline \end{gathered}$ | \# of Paraswimmers |
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