

PARA-SWIMMING TECHNICAL OFFICIALS' MEET LOG



To be completed by September 30 of each year and return to paraofficial@swimming.ca

Year:		Certification Level:					
Last N	ame:		First Name:				
Club: _			City, Provin	ce:			
Date (Oct. 1 to Sept. 30) (mm/dd/yyyy)	Meet Name	Location	Position(s) Worked	# of sessions worked	IPC Classes	Integrated Meet	
		(City, Province)				Yes or No	# of Para- swimmers