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 Name: _____ First Name: _____

Club: _____ City, Province: _____

Date (Oct. 1 to Sept. 30) (mm/dd/yyyy)	Meet Name	Location (City, Province)	Position(s) Worked	# of sessions worked	IPC Classes	Integrated Meet	
						Yes or No	# of Para-swimmers