

# South Texas Swimming, Inc.

**Certification of Completion of Requirements for Certification as a:**



**£ Starter**

**£ Referee**



**Please PRINT legibly and provide ALL of the required information – Thank you!**

**Full Name of Candidate**

**Valid E-mail Address**

**Signature:**

**Date signed:**

**Referee's Recommendation:**

**£ YES!    £ NO!**

**Printed name:**

**Signature:**

**Date signed:**

**Referee's Recommendation:**

**£ YES!    £ NO!**

**Printed name:**

**Signature:**

**Date signed:**

**Referee's Recommendation:**

**£ YES!    £ NO!**

**Printed name:**

**Signature:**

**Date signed:**

**Official's Chair Action:    £ Approved    £ Disapproved**

**Signature:**

**Date:**

**New card issued on:**

**Expiration date:**

**Fees paid on:**

**Amount:**

**\$**