



2010 JUNIOR OFFICIALS'/TRAINER'S REPORT Carolina Region/USAV

TRN SITE: _____ TRN DATE: _____

HEAD OFFICIAL: _____ DIVISION(s): _____

Payment to Officials is contingent on this form being filled out completely and returned to the Office.

OFFICIALS NAME Printed	RATING (Prov., Reg., Jr Nat, Nat)	TIME ARRIVED	TIME DEPARTED	ONE-WAY MILEAGE <small>(only if drove – if carpoled leave blank)</small>	OFFICIALS SIGNATURE <small>(at end of day when leaving)</small>

Junior Official's and Team Recognition: (put any additional comments on back)

The following Junior official(s) deserve special recognition (name and team): _____

The following TEAM(S) are NOMINATED for a TEAM SPORTSMANSHIP AWARD: _____

The Following TEAM(S) should be nominated for the Team Officiating Award (outstanding overall team officiating):

Trainer's Information:

___ Yes, I had a Non-participant Trainer available at my tournament all day. (Current Red Cross First Aid certification is minimum requirement. **Please include a copy of certification announcement/certificate to Office to be eligible for Trainers' fee reimbursement**).

Trainer Printed Name: _____

Trainer Signature: _____

Verification: I certify that the above information is correct to the best of my knowledge and that all officials performed their required duties (train and monitor pool play, referee all playoff matches).

Signature: _____

Head Official

Signature: _____

Tournament/Site Director