CAROLINA REGION JUNIOR REGIONAL SCORER

CERTIFICATION FORM



Player Name (print) _____

Team Name & Age _____ Club _____

SCORER OBSERVATION AND VERIFICATION

As a registered USA Volleyball official with a Regional 2 or higher certification, I verify with my signature below that the above named junior player kept score on the match listed. I certify that the player exhibited all the qualities outlined below during the match and was knowledgeable in scorekeeping procedures and should be qualified to become a Jr. Regional Scorer in the Carolina Region.

Match 1	Check	Match 2	Check
Filled in heading information		Filled in heading information	
3 X's serve, receive & service box		3 X's serve, receive & service box	
Line-ups entered correctly		Line-ups entered correctly	
Exit scores recorded		Exit scores recorded	
Substitutions slashed & score entered		Substitutions slashed & score entered	
Points slashed/triangle in running score		Points slashed/triangle in running score	
Last points correct		Last points correct	
Points circled		Points circled	
Set/Match Beginning/End times entered		Set/Match Beginning/End times entered	
Winning & losing team entered correctly		Winning & losing team entered correctly	
Score sheet signed		Score sheet signed	

Match 1:

Tournament:	_ Date:	
Rater's Name (print)	Signature:	
Rater's Certification:	Region:	
Match 2:		
Tournament:	_ Date:	
Rater's Name (print)	Signature:	
Rater's Certification:	Region:	

Return completed forms to: Amber Fulk- Scorer chair, 3129 Shady Grove Church Rd, East Bend, NC 27018-8205 scorechair@carolinaregionvb.org