



2018 JUNIOR OFFICIALS'/TRAINER'S REPORT Carolina Region/USAV

TRN SITE: _____ TRN DATE: _____

HEAD OFFICIAL: _____ AGE Group/Realm(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>

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 once ANNUALLY 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: _____ Signature: _____
Head Official Tournament/Site Director