



**MIDWESTERN
SWIMMING**

APPLICATION FOR RECERTIFICATION

Please Print Legibly

Name: _____ Date: _____

Street-City State-Zip: _____

Club: _____ Other Certified Positions: _____

Phone: (____) _____ E-mail: _____

Certification desired: Stoke & Turn ____ Starter ____ Referee ____

USA Membership: Yes ____ No ____ If Yes, Year ____

You must be a member of USA Swimming to receive certification.

Clinic Attended: Date: _____ Location: _____

Instructor: _____

When complete please send to the MWS Officials Chair:

Scot Sorensen

scotsorensen@cox.net

110 N 248th Cir

Waterloo, NE 68069-4690

The required tests may be taken online at

<http://www.usaswimming.org/USASWeb/DesktopDefault.aspx?TabId=690&Alias=Rainbow&Lang=en>