DUPAGE SWIM AND DIVE CONFERENCE
SCORER CERTIFICATION TRAINING ROSTER

DATE: _____

GIVEN BY: _____ **LOCATION:** _____

PLEASE PRINT CLEARLY

				TEST RESULTS		
NAME	**TELEPHONE #**	**SWIM TEAM**	**PAID**		**SCORER**	**RE-CERT.**

This roster should be sent to the Conference Vice President as soon as possible after completion of class. Keep a copy for your records.

Revised: March 2018