Name:_____ USATF, SC ASSOCIATION RESUME Certification Number _____

Email address:_____ Resume of Competitions worked in _____ Certification Level ____A____N____M

At the end of each year return this completed form to the Officials Certification Chair – remember to keep a copy for yourself.

Date	Site	Competition	XC/T&F/LDR Clinic	Youth, HS, Open, College, Masters, Disability	Duties & Assignments	Contact Person	Phone Number