



# New England Swimming

## Officials Sign-In Sheet



<b>SESSION:</b> MORN AFTN EVEN		<b>DAY:</b> MON TUE WED THU FRI SAT SUN			<b>Other Sessions Available?</b>				
<b>MEETING TIME:</b> _____ : _____ AM PM		<b>DATE:</b> ____ / ____ / ____			<b>FRI</b>	<b>SAT</b>	<b>SAT</b>	<b>SUN</b>	<b>SUN</b>
<b>POSITION</b>	<b>NAME (Please Print Clearly)</b>	<b>APP?</b>	<b>TEAM</b>	<b>DUTY ASSIGNMENTS</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>
Stroke & Turn 1		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 2		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 3		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 4		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 5		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 6		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 7		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 8		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 9		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 10		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 11		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 12		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 13		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 14		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 15		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 16		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 17		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 18		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 19		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Stroke & Turn 20		<input type="checkbox"/>		CJS CJT SE TE _____ T1 T2 T3	PM	AM	PM	AM	PM
Starter 1		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 2		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 3		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 4		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 5		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 6		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 7		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 8		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Starter 9		<input type="checkbox"/>		ST CJS CJT OOF OFF _____	PM	AM	PM	AM	PM
Administrative 1		<input type="checkbox"/>			PM	AM	PM	AM	PM
Administrative 2		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 1		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 2		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 3		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 4		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 5		<input type="checkbox"/>			PM	AM	PM	AM	PM
Referee 6		<input type="checkbox"/>			PM	AM	PM	AM	PM