

PREREQUISITES

OFFICIAL LEVEL 3

Name _____ Email _____ Date _____

1. Level 2 Certified
2. recommendation from provincial Officials Chair
3. the following five (5) positions

	Position/Category	Date/Season	Event e.g. U14 SL	Location
1	Chief of Race			
2	<input type="checkbox"/> Race Administrator <input type="checkbox"/> Chief of Timing & Calculations <input type="checkbox"/> Chief of Course <input type="checkbox"/> Chief Gate Judge			
3	<input type="checkbox"/> Technical Delegate <input type="checkbox"/> Referee <input type="checkbox"/> Assistant Referee <input type="checkbox"/> Start Referee <input type="checkbox"/> Finish Referee			
4	<input type="checkbox"/> Technical Delegate <input type="checkbox"/> Referee <input type="checkbox"/> Assistant Referee <input type="checkbox"/> Start Referee <input type="checkbox"/> Finish Referee			
5	FIS Race <input type="checkbox"/> ROC Chair <input type="checkbox"/> Race Administrator <input type="checkbox"/> Chief of Race <input type="checkbox"/> Referee <input type="checkbox"/> Assistant Referee <input type="checkbox"/> Start Referee <input type="checkbox"/> Finish Referee <input type="checkbox"/> Chief of Course <input type="checkbox"/> Chief Gate Judge <input type="checkbox"/> Gate Judge <input type="checkbox"/> Course Crew <input type="checkbox"/> Chief of Timing & Calculations <input type="checkbox"/> Timer <input type="checkbox"/> Starter			

OFFICIAL RECORD

	Position	Date/Season	Event e.g. U14 SL	Location
1				
2				
3				
4				
5				
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