

**APPRENTICE VERIFICATION FORM
KENTUCKY LSC**

NAME _____

ADDRESS _____

CLUB _____

NAME OF MEET _____

LOCATION _____

DATE _____

POSITION WORKED _____

NUMBER OF SESSIONS _____

OFFICIAL APPRENTICED WITH

SIGNATURE OF REFEREE _____

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4 sessions required for S & T, 5 for Starter, 6 for Referee

When complete, send to: [Susie Tonini](#)
7610 Beech Spring Court
Louisville, KY 40241