# St. Louis District for YMCA Competitive Swimming

APPRENTICE SESSION VERIFICATION FORM

**LEVEL**: **[ ]**  Level I **[ ]**  Level II

**NAME**:  **E-mail ADDRESS**:

**CLASS** **DATE**:  (Apprentice sessions must be completed within one year of the date of the class)

**COMPLETION OF CERTIFICATION REQUIRES WORKING FIVE (5) SESSIONS AT YMCA CLOSED MEETS**

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| **MEET** | **DATE** | **# OF SESSIONS** | **MENTOR OFFICIAL** | **MEET REFEREE** |
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COMMENTS: By Applicant, Mentor Officials, Meet Referees on observations, areas to work on, help needed at next meet, etc.

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Applicant: Upon completion of the required sessions. Please photocopy and mail the original form to: