

Ozaukee Aquatics Officials' Credit Request

(Attach Deck Pass Report)

Official's Name _____ Certification Level (Circle One) S/R S/T A/O

Meet Name _____ Meet Date _____

Host Club _____

Facility Location _____

Position/Session(s) Officiated _____

Month to Credit OZ Account: September October November December January February
(Please circle)
 March April May June July August

Official's Printed Name _____

Official's Signature _____ Date _____

Amount Credited to Ozaukee Aquatics Account _____

Approved By: _____ Date _____