

Application to participate in a Certification Clinic and become a USAT Official:

NAME:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE (home):

(work/cell):

E-MAIL ADDRESS:

USA TRIATHLON #

CLINIC RACE AND DATE:

CLINIC INSTRUCTOR:

By participation in the USAT Officials Program, I understand that working as a USAT official is a privilege and not a right of membership. I certify that I am an annual member of USA Triathlon, I am in good physical condition, I weigh less than 215 pounds, and I am capable of riding for hours at a time as a passenger on a motorcycle. I understand that Cat 4 officials serve in a probationary status. Evaluations by the Regional Coordinator and other officials determine whether I will remain in the Program and be promoted to Cat 3.

Name

Date Submitted: