

Skating Club of Central Ohio

Judges Education And Training Seminar

Name: _____

USFS Member #: _____

Email Address: _____

Phone Number: _____

Home Club: _____

Section & Region: _____

Check the Following:

Current Judge Appointment Level(s): _____

Trial Judge Monitor Name: _____

Appointment Working On: _____

Interested in judging, but have not yet applied.

Coach PSA Number: _____

Please list Specific Topics you would like to cover during the seminar.

List Dietary Restrictions or Allergies: _____

Return Completed form and check made payable to SCOCO:

To: Margaret Stegner
1035 Venetian Way
Gahanna, OH 43230