U.S. PARALYMPICS SWIMMING – REGIONAL OFFICIALS COORDINATOR SUBMISSION

This form must be used to submit a candidate to U.S. Paralympics Swimming for consideration for appointment as a Regional Officials Coordinator. Both the officials being submitted as a candidate and the officials completing the submission form must hold current U.S. Paralympics Swimming Officials certification.

Name of candidate being submitted: ____________________________________________

Tick or Check the box beside the region the candidate is being submitted for
(Please mark only one region per form or submission will be ignored)

☐ East   ☐ West   ☐ Central   ☐ Southern

Reason(s) you believe this person can fulfill the Regional Officials Coordinator position
(This will be included on the ballot if multiple people are nominated for a region. Attach additional pages if necessary)

I certify that I have read the U.S. Paralympics Swimming Regional Officials Coordinator’s job description\(^1\) and that to the best of my ability at this time, I believe the candidate I am submitting will be a valuable addition to fostering and advancing the U.S. Paralympics Swimming Officials in the region.

Name: ________________________________________________________________

Signature: ___________________________ Date: ____________________________

Email:: ______________________________________________________________

Forward completed form to: Mark Rieniets, PO Box 117, Sherwood, OR  Fax: (270) 625 6133  Email: Rieniets@gmail.com

\(^1\) U.S. Paralympics Swimming Regional Officials Coordinator’s job description can be found at http://www.teamusa.org/US-Paralympics/Sports/Swimming/Officials.