Name_____ USATF, SC ASSOCIATION RESUME Certification Number_____

Email address_____ Year of meets worked_____ Certification Level ____App.____Assoc.____N____M

At the end of each year return this resume to the certification chair.

Date	Site	Competition	XC/TF/LDR/ Clinic	Youth, HS, Open, College, Masters, Disability	Duties & Assignments	Contact Person	Phone Number

Mail resume to Perry Funnie – Certification Chair, 178 Yadkin Ave., Georgetown, SC 29440 or email to officials@southcarolina.usatf.org