Officials' Resume USATF Georgia Association – www.usatfga.org Year: _____

Name:	Area:	USATF Certification Number:
Address:	Email:	Certification Level (circle one): Apprentice / Association / National / Master

Date	Location	Name of Meet/Clinic	XC / T&F / LDR / RW / Clinic	Youth / HS / Open / College / Masters	Duties (e.g. rake pit / pull tape / call fouls, etc.)	Contact Person

AT THE END OF EACH YEAR, Send to Phillip Ozell, 1930 Windham Park NE, Atlanta, GA 30324 / phillip.ozell@gmail.com

REMEMBER TO KEEP A COPY FOR YOUR RECORDS! Revision 2016