# CLUB GIVEN OFFICIAL'S CLINIC ATTENDANCE SHEET

**Club Name** _____ **DATE:**_____

**I** _____ (Print Name) verify that the following members of my club attended the clinics that are checked off below. At the Clinic we presented the Referee DVD and/or the Scorekeeping PowerPoint presentation to the club members. Our members completed the test and checked the test at the clinic.

**CLUB CLINICIAN'S SIGNATURE** _____

--- Do **NOT** list Parents who are not members.
--- All Tests should be corrected to 100%
--- List Original Test scores

**Fax to: 515-727-1861**
**Scan & email to: lynne@iavbreg.org**
**Mail To: Iowa Volleyball Region**
**4600 Park Ave Ste.201, Des Moines, IA 50321**

| (Print) Last Name | (Print) First Name | Birthday | | Ref Clinic "X" | Ref Test Score | Scoring Clinic "X" | Scoring Test Score |
|---|---|---|---|---|---|---|---|
| | | Month | Yr | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Revised August 2011

# CLUB GIVEN OFFICIAL'S CLINIC ATTENDANCE SHEET

**Club Name _____ DATE:_____**

| (Print) Last Name | (Print) First Name | Birthday | | Ref Clinic "X" | Ref Test Score | Scoring Clinic "X" | Scoring Test Score |
|---|---|---|---|---|---|---|---|
| | | Month | Yr | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Revised August 2011