



NAME				SEASON			
RACE DATES	NAME & LOCATION OF RACE	NO. DAYS	DH SG GS SL	ASSIGNMENT	SIGNATURE		
					TD	CR	TC

Enter each race participated in on the above chart. Return to:

**Tom Ptach**  
[tjp6959@gmail.com](mailto:tjp6959@gmail.com)

**PRINTOUT OF USSA HISTORY IS NOT ACCEPTABLE. USE THIS FORM TO RECEIVE CREDIT FOR DAYS WORKED**

This information is necessary for updating and validation for the next season. It is necessary to remain active in officiating to maintain your certification.

**Please indicate any changes:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CLUB AFFILIATION: \_\_\_\_\_