



C1 and C2 Steward Documentation of Experience

Competition name: _____ Competition # _____

Date: _____ Location: _____
City, State

Competition Manager: _____

This is to confirm that _____ Member # _____ served in the following
Name

capacity at the above listed competition:	# Days	# Hours	Date
<input type="checkbox"/> Competition Manager	_____	_____	_____
<input type="checkbox"/> Assistant Manager	_____	_____	_____
<input type="checkbox"/> Secretary	_____	_____	_____
<input type="checkbox"/> Assistant Secretary	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Describe duties:
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Signature of competition official

Title.....Date.....

You may submit documentation in another manner, if more convenient, as long as similar information is provided.