

## VERIFICATION OF COMPLETION OF ONLINE TRACK AND FIELD DISTRICT CLINIC

This form is to be used by all NMAA/NMOA Track and Field Officials who have completed the District Track and Field clinic online. Please complete this form and mail or send back to the NMAA office no later than **March 1, 2010**. Officials failing to take the clinic online with submission of this form by March 1<sup>st</sup> will not be considered for the NMAA State Track and Field Championships this spring.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***I do hereby attest to the fact that I have taken the NMAA District Track and Field Clinic online.***

Official's Signature: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Please print this form off and return via mail or fax to the NMAA Office  
no later than March 1, 2010!

Jeremy Hernandez, Administrative Assistant  
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