



ARIZONA REGION OFFICIALS DIVISION



SCORER ADVANCEMENT FORM

NAME: _____ USAV #: _____

Application submitted by: Self Team Leader Other _____

PROVISIONAL SCORER TO REGIONAL SCORER

TEAM LEADER Name: _____ Recommendation: Approve Disapprove

Comments: _____

TEAM LEADER Signature: _____ **Date:** _____

INITIAL APPLICATION REVIEW: Approve Disapprove Scorer Training Director Initials: _____ Date: _____

SCORER TRAINING DIRECTOR Recommendation: Approve Disapprove

Comments: _____

ADVANCEMENT APPROVAL: Approved Disapprove Scorer Training Director Initials: _____ Date: _____

Appeal Request by applicant/Date: _____

Comments: _____

SCORER TRAINING DIRECTOR Signature: _____ **Date:** _____

O.D. COORDINATOR Signature: _____ **Date:** _____

REGIONAL SCORER TO NATIONAL SCORER CANDIDANCY

TEAM LEADER Name: _____ Recommendation: Approve Disapprove

Comments: _____

TEAM LEADER Signature: _____ **Date:** _____

INITIAL APPLICATION REVIEW: Approve Disapprove Scorer Training Director Initials: _____ Date: _____

SCORER TRAINING DIRECTOR Recommendation: Approve Disapprove

Comments: _____

ADVANCEMENT APPROVAL: Approved Disapprove Scorer Training Director Initials: _____ Date: _____

Appeal Request by applicant/Date: _____

Comments: _____

SCORER TRAINING DIRECTOR Signature: _____ **Date:** _____

O.D. COORDINATOR Signature: _____ **Date:** _____

ATTACH ALL SUPPORTIVE DOCUMENTATION/RATED SCORESHEETS TO THIS FORM