

PIONEER REGION JUNIOR SCOREKEEPER CERTIFICATION FORM

Club _____ TeamName & Age _____

Player Name (print) _____ Age _____

REFEREE OBSERVATION AND VERIFICATION

As registered USA Volleyball official by signing below I verify that the above named player kept score on the match listed. I certify that the player was knowledgeable in scorekeeping procedures and should be qualified to become a certified Jr. Scorekeeper in the Pioneer Region.

Thank You! Nancy Funk, Scorekeeper Chair, Pioneer Region

<u>Match 1</u>	<u>Check</u>	<u>Match 2</u>	<u>Check</u>
Filled in Heading information	_____	Filled in Heading information	_____
3 X's Serve, Receive, & service box	_____	3 X's Serve, Receive, & Service box	_____
Line-ups correct	_____	Line-ups correct	_____
Exit Scores recorded	_____	Exit scores recorded	_____
Substitutions slashed & score recorded	_____	Substitutions slashed & score recorded	_____
Points slashed running score	_____	Points slashed running score	_____
Last points circled	_____	Last points circled	_____
Points hour glassed	_____	Points hour glassed	_____
Winning & losing team with scores listed	_____	Winning & losing team with score listed	_____
Score sheet signed	_____	Score sheet signed	_____

Match #1

Tournament _____

Officials Signature _____

Officials Rating _____

Officials Region _____

Match #2

Tournament _____

Officials Signature _____

Officials Rating _____

Officials Region _____

As the coach of the above named junior player I verify that they kept score on these matches.

Coach Signature _____