SUDDEN CARDIAC AWARENESS TRAINING VERIFICATION FORM

As a Tournament Director within the Ohio Valley Region I do hereby affirm that I and any person/s acting as Site Director for my tournaments have completed all necessary requirements for the Sudden Cardiac Awareness training (Lindsay’s Law) required by the state of Ohio.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tournament Director Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tournament Director Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

This document can be e-mailed as a pdf to:

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