OZARK SWIMMING INC.

REQUEST FOR: OVC NRT RECORD
(Individual swims only, one request per page)

Name: _____________________________________________ Sex: ______
Birthdate: ___________________ Age: _____ Club: ________________
USA Swimming ID#: ____________________________ LSC: ____________
Meet name: ________________________ Date: ___________

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<tr>
<th>Event #</th>
<th>Distance</th>
<th>Stroke</th>
<th>Yards or Metres</th>
<th>Time</th>
<th>Prelims Finals Swim off Lead off</th>
<th>Trials US Open Nationals NRT</th>
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Send OVCs to: Mike Tchoukaleff
1506 Paris Drive
Godfrey, IL 62035

Send records to: Mark Imig
2627 Hope Avenue
St. Louis, MO 63143

Submitted by: __________________________
Address: ____________________________
City: ______________ State: _____
Zip: ______ Phone: ________________

All requests must have proof of time

ozarkswimming.org