

NEW MEXICO SWIMMING TOP 16/RECORDS FORM

DATE OF MEET: _____

MEET LOCATION & NAME: _____

SWIMMER NAME: _____

USA SWIMMING ID#: _____

MALE _____ FEMALE _____

EVENT: _____ TIME: _____

TEAM: _____ COACH/TEAM REP.: _____

PHONE: _____ E-MAIL: _____

ADDRESS: _____

MAIL OR E-MAIL FORM AND RESULTS TO:

Andrea Campbell
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Home: 505-323-5812
E-Mail: andilecam@aol.com

*******PLEASE ATTACH MEET RESULTS*******